

CHEMIST & DRUGGIST

The newsweekly for pharmacy

a Benn publication

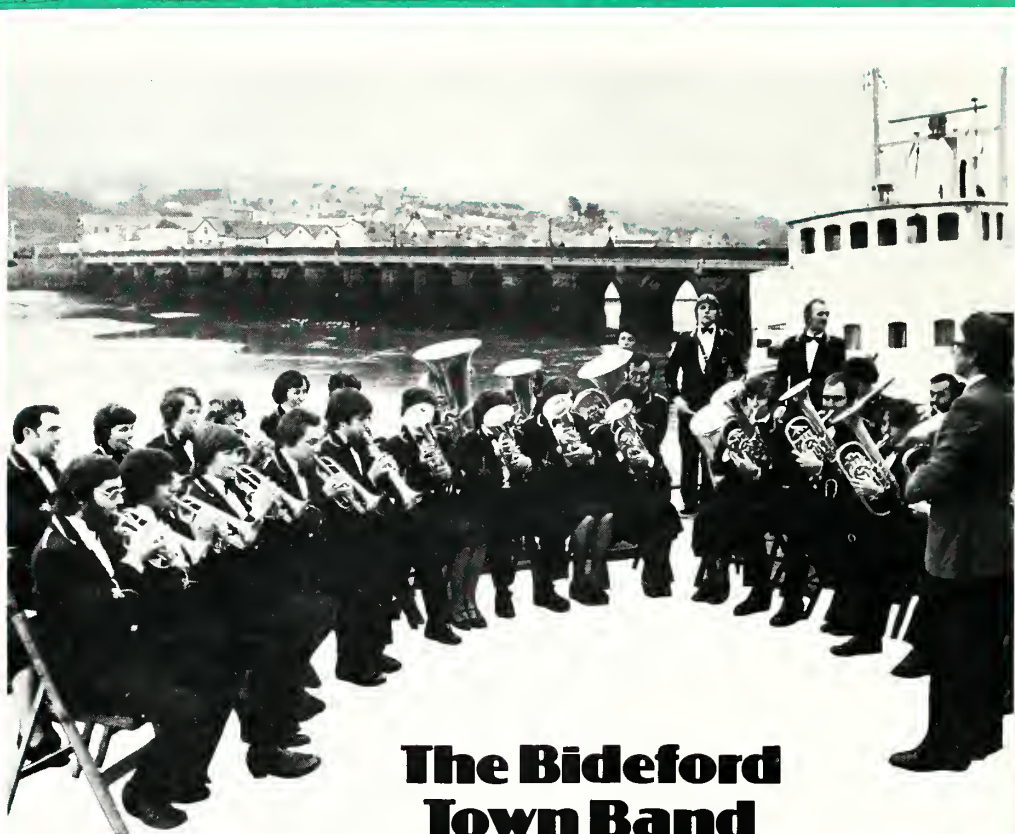
November 22 1980

**PSNC presses
'tax' aspect
of charges**

**NPA condemns
script bag
advertising**

**CSM's drug
monitoring
proposals
'too costly'**

**Assistant of
the Year
finalists**



The Bideford Town Band are blowing our trumpet as well as their own



Sore or cracked lips are as disastrous to a bandsman as a pulled muscle is to a footballer. Neither can play again until they've healed.

That's why the Bideford Town Band insist on Blisteze to protect their lips from the ravages of the weather. They've found that nothing provides more effective relief for sore lips and cold sores than gentle, medicated Blisteze cream.

So if you have a customer making a song and dance about sore lips, remember the Bideford Town Band.

And recommend Blisteze.



**Blisteze.
For sore lips
and cold sores**

Dendron Ltd., 94 Rickmansworth Rd., Watford, Herts, WD1 7JJ. Tel (0923) 29251.

**Diabetes
SPECIAL
SUPPLEMENT**

**NEW
FROM THE
U.S.A.**

SLIM-LINE...

A revolutionary new concept in appetite control and weight loss.

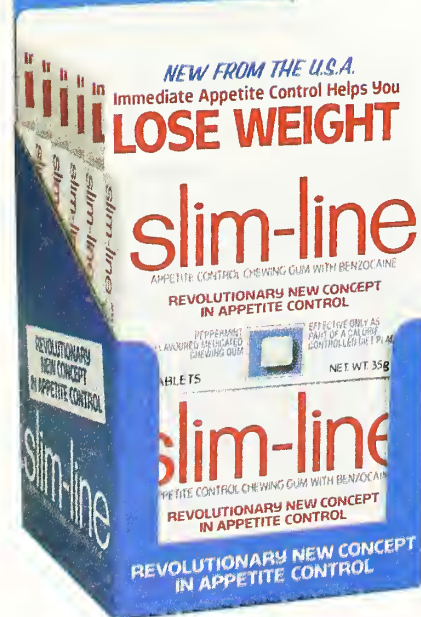
The U.K.'s first Pharmacy Only slimming aid. Contains benzocaine which acts as an appetite suppressant medication approved by the U.S. FDA Government Advisory Panel.

SLIM-LINE IS SAFE AND EFFECTIVE

Extensive experience in the U.S., where Slim-Line has been available for more than 25 years, has proved that Slim-Line works efficiently and safely in suppressing appetite and has helped millions of Americans with their weight problems. *Double-blind clinical trials have proved Slim-Line to be twice as effective as placebo in helping subjects to lose weight.*

HOW SLIM-LINE WORKS

Slim-Line is a chewing gum with Benzocaine which reduces the sense of taste and thus the craving for food is lessened. Taken before and between meals, Slim-Line Gum helps control the appetite, and makes it easier to stick to a diet and lose weight.



HEAVYWEIGHT CONSUMER ADVERTISING

Continuous women's press campaign right through to July 1981, 40 insertions in leading magazines, Slim-Line advertising will be seen by 75% of women over seven times each!

YOUR CUSTOMERS WANT SLIM-LINE—SO STOCK UP NOW AND GAIN NEW PROFITS

We have undertaken extensive consumer research that proves there is a real need for a genuinely new concept in slimming aids. So stock up now and take advantage of unrepeatable introductory offers now available through leading whole-salers and sold to the consumer only through you, The Pharmacist.

Thompson Medical Co. Ltd., P.O. Box 365—London, SW1
Phone Reverse Charge. Moray Hicks 01-2359811



Unimed GENERICs

SEE
OVERLEAF

CHRISTMAS



Voucher Offer



BUY ONE - GET ONE FREE

ON PRODUCTS MARKED *

Quantity Required	PRODUCT	Packed In	Basic Price	Value
	* Bendrofluazide B.P. 5mg	1000	£ 4.25	
	* Chlorpheniramine B.P. 4mg	1000	£ 4.75	
	* Chlorpropamide B.P. 250mg	500	£11.00	
	* Diazepam B.P. 2mg	1000	£ 3.50	
	* Diazepam B.P. 5mg	1000	£ 4.50	
	* Diazepam B.P. 10mg	1000	£ 8.00	
	* Frusemide B.P. 40mg	1000	£14.00	
	* Indomethacin B.P. 25mg	500	£14.00	
	* Metronidazole B.P. 200mg	250	£ 6.00	
	* Nitrazepam B.P. 5mg	1000	£ 7.80	
	* Oxytetracycline B.P. 250mg	1000	£17.00	
	* Propanolol B.P. 10mg	500	£ 7.84	
	* Propanolol B.P. 40mg	1000	£36.63	
	* Propanolol B.P. 80mg	500	£27.37	
	* Propanolol B.P. 160mg	100	£11.64	
	* Quinine Bisulphate B.P. 300mg	1000	£48.00	
	* Quinine Sulphate B.P. 300mg	500	£28.00	

Vouchers TO THE VALUE OF £15

(MARKS & SPENCER, VICTORIA WINE, DEBENHAMS, W.H. SMITH, LUNN POLY, ETC.) WILL BE INCLUDED WITH THE DELIVERY OF EVERY £100 OF GOODS ORDERED ON CHEQUE WITH ORDER BASIS.

C/From over

Sub Total

Less Discount

+ 15% VAT

TOTAL £

VOUCHERS OR DISCOUNTS APPLY TO ALL PRODUCTS ■ OFFER CLOSES 17TH DECEMBER 1980
MINIMUM ORDER £100 ■ DISCOUNTS MAY BE TAKEN INSTEAD OF VOUCHERS

ORDER DEPT., UNIMED GENERICS
24 STEYNTON AVENUE, BEXLEY, KENT. TELEPHONE: 01-309 7003 TELEX: 896018

Signed: Chemist's Name:

Date: Address:

Telephone No.:

TERMS: Any shortage or damage must be reported within 24 hours and confirmed in writing. No goods may be returned without written authorisation from the Company. Acceptance of returned goods is no guarantee that credit will be given. Full terms of trading available on request.

THIS OFFER SUBJECT TO AVAILABILITY

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P.T.O.



EXPORT ENQUIRIES WELCOME

Quantity	Product	Description	Packed In	Price	Value
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	Aminophylline. B.P.	Tablets 100mg.	500	£ 2.50.	
	Amitriptyline B.P.	Tablets 10mg.	1000	£ 4.90	
	Amitriptyline B.P.	Tablets 25mg.	1000	£ 9.50	
	Ampicillin. B.P.	Capsules 250mg.	1000	£30.00.	
	Ampicillin B.P.	Capsules 500mg.	500	£30.00.	
	Ascorbic Acid B.P.	Tablets 100mg.	100	£ 0.50.	
	Ascorbic Acid B.P.	Tablets 200mg.	100	£ 0.85.	
	Bendrofluazide B.P.	Tablets 2.5mg.	1000	£ 3.00.	
	Calcium Gluconate B.P.C.	Tablets 600mg.	500	£ 4.95.	
	Calciferol B.P.	Tablets 1.25mg.	1000	£ 5.65.	
	Calcium & Vit.D. B.P.C.	Tablets	1000	£ 4.95.	
	Chlorpropamide B.P.	Tablets 100mg.	250	£ 3.00.	
	Chlorpropamide B.P.	Tablets 250mg.	500	£11.00.	
	Chlorpheniramine Maleate B.P.	Tablets 4mg.	1000	£ 4.75.	
	Codeine Phosphate B.P.	Tablets 15mg.	250	£ 4.30.	
	Codeine Phosphate B.P.	Tablets 30mg.	250	£ 7.77.	
	Codeine Phosphate B.P.	Tablets 30mg.	500	£12.50.	
	Codeine Phosphate B.P.	Tablets 30mg.	1000	£24.50.	
	Codeine Phosphate B.P.	Tablets 60mg.	250	£16.22.	
	Co-Trimoxazole B.P.	Tablets 250mg.	500	£34.00.	
	Digoxin B.P.	Tablets 250mcg.	1000	£ 2.40.	
	Erythromycin B.P.	Tablets 250mg.	100	£ 5.08	
	Erythromycin B.P.	Tablets 250mg.	500	£24.80	
	Ferrous Gluconate B.P.	Tablets 300mg.	1000	£ 3.60.	
	Imipramine B.P.	Tablets 10mg.	500	£ 1.45.	
	Imipramine B.P.	Tablets 25mg.	1000	£ 3.00.	
	Isoniazid B.P.	Tablets 50mg.	500	£ 2.00.	
	Isoniazid B.P.	Tablets 100mg.	500	£ 2.40	
	Magnesium Trisilicate Co. B.P.C.	Tablets	500	£ 2.70.	
	Methyldopa B.P.	Tablets 250mg.	1000	£28.60.	
	Methyldopa B.P.	Tablets 500mg.	500	£28.60.	
	Metronidazole B.P.	Tablets 200mg.	250	£ 6.00.	
	Nicotinamide B.P.C.	Tablets 50mg.	1000	£ 2.25.	
	Nicotinic Acid B.P.	Tablets 50mg.	1000	£ 2.25.	
	Nitrofurantoin B.P.	Tablets 50mg.	1000	£ 7.12.	
	Paracetamol B.P.	Tablets 500mg.	1000	£ 3.95.	
	Penicillin V B.P.	Tablets 250mg.	1000	£11.48	
	Penicillin V B.P.	Capsules 250mg.	1000	£14.91	
	Phenobarbitone B.P.	Tablets 30mg.	1000	£ 1.50.	
	Phenobarbitone B.P.	Tablets 60mg.	1000	£ 2.20.	
	Phenylbutazone B.P.	Tablets 100mg.	1000	£ 3.00.	
	Phenylbutazone B.P.	Tablets 200mg.	500	£ 3.50.	
	Phenytoin B.P.	Tablets 50mg.	1000	£ 3.80.	
	Phenytoin B.P.	Tablets 100mg.	1000	£ 4.40.	
	Prednisolone B.P.	Tablets 1mg.	1000	£ 3.10.	
	Prednisolone B.P.	Tablets 5mg.	1000	£ 6.00.	
	Prednisone B.P.	Tablets 1mg.	1000	£ 3.10.	
	Prednisone B.P.	Tablets 5mg.	1000	£ 6.00.	
	Promethazine B.P.	Tablets 25mg.	500	£ 2.50.	
	Reserpine B.P.	Tablets 0.25mg.	500	£ 2.00.	
	Tetracycline HCL B.P.	Capsules 250mg.	500	£ 7.00.	
	Tetracycline HCL B.P.	Tablets 250mg.	1000	£ 9.95.	
	Thiamine Co. B.P.C.	Tablets	1000	£ 2.10.	
	Thiamine Co. Strong. B.P.C.	Tablets	1000	£ 2.75.	

TOTAL CARRIED OVER £ :

Unimed = Quality + Economy

SUPPLEMENT TO THE CHEMIST & DRUGGIST

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COMMENT

Cost-cutting

We cannot remember a time when so many Government plans and proposals were on free circulation in the national Press. Either the Cabinet leaks like a sieve or, presumably, Ministers and officials are floating every conceivable idea for reducing expenditure to test reaction before turning "plans" into "policies".

Only last week our Parliamentary correspondent was hinting that £1 may not be the last word on prescription charges—emphasising the wisdom of the Pharmaceutical Services Negotiating Committee's campaign to make the public aware that the charge is a "tax" and does not end up in the chemist's pocket (p820). But the rumours that the Government may actually be contemplating ending the old age pensioners' automatic right to free prescriptions must surely be untrue—though of course the Press has been saying that only a Cabinet vote stopped the Prime Minister from going back on an undertaking to keep pensions in line with inflation. What is worrying PSNC is that a recent Ministerial reply said only that the Government had no plans *at present* to change the exemption requirements.

A point to be made by PSNC at its Press conference this week is that the new £1 charge (sorry, tax) is over 300 per cent more than the pharmacist's dispensing fee. That is a point that can be well understood by the public, but there are implications for the contractor which are much too involved to be included in the public relations exercise. These relate to the fact that the Franks formula implemented in July includes a profit-on-turnover element. And if one thing is not in dispute it is the fact that turnover, as represented by prescription volume, will be severely

reduced by the £1 rate. Indeed, the Government's own estimate is that there will be 12 million fewer scripts.

Although the Department would argue that the £1 will reduce the NHS "debt" to the chemist—which it will, by increasing the amount received by the chemist at the time the prescription is dispensed—it must also be remembered that lower profits will reduce the chemist's ability to fund the present level of stockholding, currently averaging 3,000 items worth some £17,000.

If the level of profitability is upset, the whole basis of Franks will be undermined only months after the report's implementation, PSNC says.

One point that contractors should note in the "tax" showcard they will soon be receiving from PSNC is the reference to availability of exemption leaflets and season ticket forms "here"—that is at the pharmacy displaying the showcard. Although some pharmacists may resent performing, unpaid, yet another service on behalf of the Government, their involvement as a service to the *patient* will be repaid handsomely in public relations.

As is being said with increasing regularity and force, the professional future of the general practice pharmacist depends very much on patient contact, and this further opportunity to talk to patients about something more than the prescription itself will be exploited to its full potential by the perceptive.

But if the Government really wants to cut the drugs bill, why doesn't it agree to the profession's request that a pharmacist be included on the working group being set up to look into prescribing? There is plenty of scope for rationalisation in this area and there is no-one more expert than the practising pharmacist at making drug-cost savings—in his own financial interest he has to do it every working day. ■

Script 'tax' poster launched by PSNC

The idea that prescription charges are a "tax" will be spelled out to the national media this week by the Pharmaceutical Services Negotiating Committee. The PSNC will also be expressing chemists' concern about rumours that the Government may be planning to end free medicines for old age pensioners.

As part of the campaign PSNC is distributing to contractors a poster which starts as follows: "NHS PRESCRIPTION TAX. From December 1, 1980, NHS prescriptions cost you £1.00 for each medicine or appliance. This is a tax imposed by Government and is not related to the actual cost of the medicine.

"It is a contribution to the National Health Service. It is not a payment to the pharmacist".

Essential or not?

PSNC chairman David Sharpe points out that Government estimates suggest the increase in the "tax" to £1 will result in 12 million fewer prescriptions. "Either these prescriptions were previously unnecessary or else in the future they will not be going to people who need them," he says. Alternatively doctors will prescribe larger quantities—which would negate the cost-saving exercise being carried out by the Government.

The higher tax must act as a deterrent to some people, Mr Sharpe believes, particularly to those who are just over the borderline for receipt of supplementary benefit. This may lead patients to ask pharmacists to indicate the most important items on a multiple-item prescription.

PSNC is also concerned about the national Press reports last weekend that the Minister for Health, Dr Gerard Vaughan, is in favour of a move in the direction of a health "insurance" system similar to those operated on the Continent. He particularly referred to the French scheme under which the patient pays the whole of the cost of a drug to the pharmacist and is reimbursed according to the drug's classification. For example, a life-saving drug would be wholly reimbursed whereas for others the proportion would be 25-75 per cent, depending also upon the means of the patient.

On rumours of the Government's

intention to end the overall exemption from the prescription "tax" for old age pensioners, Mr Sharpe assumes that this implies the introduction of a means test or an extension of the specific illnesses exemptions. The medical profession is known to be opposed to the latter because it allows, for example, a myxoedemic patient also to receive free medicines for unrelated conditions.

The PSNC's view is that the Government is approaching the reduction in the drug bill in the wrong way by placing restrictions on the patient instead of on medical profession. PSNC would prefer to see prescribing cut by the use of triple prescription forms (already agreed by both professions), by dosage-related prescriptions (quantities chosen according to the length of a course rather than "100s"), restricted-quantity prescribing (one month's supply, for example), or by a restricted list of prescribable drugs (as in Australia). ■

Part of a Government advertisement that is appearing in the Scottish Press in support of pre-payment certificates. A parallel campaign is being conducted in England and Wales



Drug monitoring 'too costly'

The Department of Health has dismissed two proposed drug monitoring schemes as being too expensive.

Dr Gerard Vaughan, Minister for Health, said in a Commons written answer last week that two pilot schemes put forward by the

Committee on Safety of Medicines—the retrospective assessment of drug safety (RADS) and drug linkage—were "very costly" and would be "prohibitively so" if established on a permanent, national basis. He added that serious doubts remained about the feasibility of RADS.

"I have reluctantly concluded that in the present economic climate . . . it would be inappropriate to fund either of these pilot projects," he said.

He believed, however, that research should continue into new and cost-effective methods of post-marketing surveillance of drugs and the Department would consider sympathetically applications for grants into work on this subject. The CSM would also be consulted on other ways of making better use of existing data such as information submitted on "yellow cards." ■

High Court rejects striking-off appeal

The right of professional bodies to take severe measures against erring members in order to maintain standards was upheld by two judges in the High Court in London on Thursday. Lord Justice Donaldson and Mr Justice Hodgson, sitting in the Queen's Bench Divisional Court dismissed an appeal by pharmacist Mr William Jobson, 52, of Hotspur Top Lane, Beaconsfield, Bucks, against a striking-off order made against him by the Statutory Committee of the Pharmaceutical Society of Great Britain. He had complained the order was "harsh and unfair" when compared with punishment received by others.

Lord Justice Donaldson said there could come a point in the history of a profession where it was absolutely necessary that they should take much more severe measures against a member of the profession in order to underline standards which had to be maintained. Mr Justice Hodgson agreed.

Mr Jobson appeared before the Statutory Committee on July 20, 1979, after appearing before a magistrates court in August, 1978, accused of unlawfully supplying Dexedrine and other offences relating to the handling and storing of Controlled Drugs.

Appearing in person on Thursday, he told the appeal judges: "I am fighting for what remains of my professional career." ■

NPA condemns prescription bag advertising

The National Pharmaceutical Association is asking members not to use prescription bags carrying advertisements.

At last month's NPA Board meeting it was reported by one of the Scottish members that the Bemrose Bag and Envelope Co were distributing prescription bags advertising a hospital insurance plan.

This followed earlier complaints about the unsolicited distribution of prescription bags bearing

advertisements for orthopaedic beds. The Board decided that it would be wholly wrong for such advertising to be associated with a professional service. Advice on further possible courses of action would be sought from the Association's solicitors.

■ Following an inquiry from Mr J. C. N. Wilford about the newly formed College of Pharmacy Practice, it was reported that at the British Pharmaceutical Conference in Newcastle a general practice pharmacist had won the *C&D* Award for the best practice research paper but his had been the only paper from retail pharmacy. The Board agreed that the NPA should stimulate research into topics of relevance and importance to retail pharmacists and that up to four annual grants of £250 each should be offered to NPA members who might be interested in conducting original research for possible presentation at future conferences. Eligibility for a grant would depend on the project outlines which would need to be approved by a steering committee of the Board.

■ In view of the high number of young people unemployed, the Board decided to commend to members the Youth Opportunities Programme (YOP) which had replaced the Job Creation and Work Experience Programmes.

The Programme consists of work preparation courses and work experience and may last from a few weeks to one year. The sponsor (the employer) pays a flat rate allowance of £23.50 per week plus any travel expenses over £4 per week to each young person on the scheme and the Manpower Services Commission reimburses the full amount. YOP is open to young people aged 16-18 who have been registered unemployed for six weeks or longer.

■ The NPA is to prepare a paper on the future of retail pharmacy based on an updated version of the last NPA policy statement. The decision arose after considering papers recently given by Professor G.

Levy at the General Assembly of the FIP in Madrid, by Professor P. F. D'Arcy at BPC and by various speakers at the National Association of Retail Druggists (NARD) Convention in Atlanta. Professor Levy had argued that pharmacy education prepared pharmacists for yesterday's practice, not for today's and certainly not for tomorrow's. Professor D'Arcy believed that "patient-orientated pharmacy" was the way ahead, and the theme of the NARD speakers had been "profits through professionalism". There was also increasing use of pharmacy computers to be taken into account.

■ The business services committee noted that the Department of Health had been reminded of the approaching D-Day (February 2, 1981) for the new initiative on child-resistant containers and that the promised showcards would be needed early in January for mailing to pharmacy contractors. The committee also expressed interest in a new American reversible CRC with a dual-purpose cap which could be used either as an ordinary closure or a child-resistant closure (*C&D*, November 8, p744).

■ The Board decided to continue the scheme whereby NPA members could order the *Drug and Therapeutics Bulletin* through Mallinson House at a preferential rate. The reduced subscription of £11 for 1981 would show a saving of £5 over the new full subscription rate.

■ Offers were accepted from Boehringer Ingelheim and WB Pharmaceuticals respectively for sufficient copies of the drug interactions card and the guide to drugs in breast milk to distribute to NPA members.

■ Uncliffe, in response to further NPA representations, were still declining to restore their former level of chemist margins on TCP and Limmits, it was reported.

■ After hearing from a market research company that the reason why pharmacists (unlike doctors) were not offered payment for participating in its surveys was that enough of them were prepared to co-operate free of charge, the Board decided that an appropriate note be published in the pink *Supplement* entitled, "Do you value your time?"

■ A further meeting of the baby milk working party had been held on October 16 and the Board noted that some wholesalers were notionally pricing baby milk so that some members would be paying more than the *C&D* list price. A further meeting

would be sought with representatives of the Department of Health.

■ A member of the Board reported that he had recently advertised for a counter assistant and had been approached by a student from the local school of pharmacy who had failed his second year examinations and who had no job until he could take the exams again. The Board member had expressed concern to the dean that the university accepted no responsibility for students who were permanently or temporarily expelled from their course because of exam failures and the dean had said quite bluntly that it was not the university's responsibility. Members of the general purposes committee expressed sympathy and indicated that it might be reasonable to expect a pharmacist to provide temporary employment for such students if a vacancy existed. ■

Tenterden survey of dispensing doctors

Tenterden pharmacists have written to every household within one mile of one of the pharmacies, seeking information on whether the local doctors are dispensing.

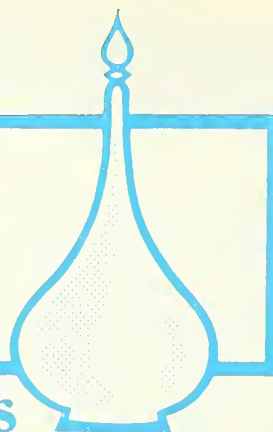
The letter says that the pharmacists are concerned about the doctors at the group practice in Ivy Court, Tenterden, enlarging their dispensing practice: "Further reductions in our dispensing turnover will inevitably lead to the closure of one or more, or practically all, the chemists' shops in Tenterden." The letter goes on to request details of the date and, if you are willing, the nature of any drugs or appliances dispensed by the surgery during the past 12 months.

Kent Family Practitioner Committee has written to patients who have applied to become dispensing patients, giving them a chance to change their minds. The letter states that, because they live at least a mile from their nearest pharmacy, their requests for doctor dispensing have been approved but adds: "If, on reflection, you wish to receive medicines and appliances from a chemist by presenting prescriptions issued by your doctor, please let the committee know."

The Tenterden pharmacists have given the local Press background details on the dispute, saying that they were particularly concerned by the doctors' written invitation to patients to transfer from the prescribing list to the dispensing list. The pharmacists believe that if patients had been told at that time of the possible effects on local pharmacies, a number would have remained prescribing patients. ■

Chemist Assistant Of The Year COMPETITION

JOINTLY
SPONSORED BY NPA Products



The 17 finalists

All our finalists this year seem to think that if a job is worth doing, it's worth doing well, and the fact they are able to help people and meet their "regular" customers appears to be an added bonus! "The more effort you make the more satisfaction you gain with people returning again and again" says one contestant. Below is a short pen portrait—in alphabetical order—of the 17 finalists.

1

Valerie Bates (North Midland) is through to the final for the second year running. Valerie has worked in retail pharmacy for eight years and her special duties in the shop include buying the cosmetics, toiletries and health foods as well as being responsible for all displays and window dressings. Valerie derives enjoyment out of meeting people in her job. "It gives me pleasure to help and advise customers, giving them the benefit of any product knowledge that I have" she says. A Max Factor and Polaroid consultant, Valerie also holds a National Health Food Association certificate and a St Johns Ambulance certificate. A regular reader of beauty magazines, Valerie's ambition is "to continue to do well the job I have been trained for and to continue to learn everything I can that is connected to my job—if a job is worth doing it is worth doing well". Valerie lists her interests as driving, weekly saunas and dancing. She works for Hugh Hitchin Ltd, Long Eaton, Nottingham.

2

Margaret Berry (Greater Manchester & Lancashire) has worked in pharmacy for eleven years and described her shop duties as covering every aspect. Special interests include buying and window dressing and Margaret also dispenses under supervision. The personal friendships she has made through her work are special to

Margaret and she appreciates being able to help people, especially the elderly. Hobbies are listed as dog walking, tennis, swimming, wining and dining, reading historical novels and dressmaking. Her ambition for the future is to remain happily married. Margaret works for J. H. Bridge, Bennetts Lane, Bolton.



1 ▲

▲ 2



▶ 3

▼ 5



3

Linda Carson (Northern Ireland) is the only full-time member of staff in the pharmacy where she has worked for ten years. Responsibilities include ordering cosmetics and sundries stock, collecting orders in the firm's car from the wholesaler and delivering urgent items to customers, as well as helping out in the dispensary. Linda believes that "Unlike many jobs where the closest 'customer contact' is on the end of a telephone, working in a pharmacy gives ample opportunities to meet countless people face to face, many of whom are regular callers and friends". Linda has recently attended a short

course at college studying the proper use of make-up. Outside interests are listed as popular music and dancing, reading and taking holidays—although she says the actual travelling is more of a necessity than a pleasure. Ambitions include visiting Disneyland, owning her own car and, of course, becoming the Assistant of the Year. Linda works for Victor Corrie, The Inns Pharmacy, 77 Saintfield Road, Belfast.

4

Mary Devlin (East Scotland) has worked in pharmacy for 13 years and her special interests include buying cosmetics, window dressings, displays and the monthly accounts. Meeting and helping people with their problems and monitoring their progress are the special aspects of pharmacy work for Mary who holds a Max Factor diploma and is an Elizabeth Arden consultant. Mary is currently involved in modernising a new house and home design features among her interests of cooking, reading and entertaining. For the future Mary would like to continue working with the public and would like to open her own cosmetic business. Mary works at H. B. Ness Chemist, Airdrie.

5

Joan Gillatt (Yorkshire, Humberside & Lincolnshire) has been working in pharmacy for 26 years and now works part-time. Her duties include dispensing and serving but Joan likes to keep up to date on everything, especially hair colourants having been a hairdresser's model. Joan admits to being fascinated by medicines and would have liked to have been a pharmacist but she says couldn't pass the necessary foreign language exam. Meeting people and trying to be of help is special to Joan in her work—"It is rewarding and satisfying when people come back to thank you". Joan holds both Coty and Revlon cosmetic diplomas as well as a diploma for fitting Scholls elastic hosiery. Outside hobbies include badminton, knitting and crochet and her ambition

You're thinking of installing heating in your business.

Would you...

a) Find a place out the back for a boiler.

A hot water tank.

A header tank.

Knock a hole in the wall for a flue to vent away the fumes.

Get someone to rip up the floorboards and lay lengths of copper piping, carefully bent to go round awkward corners.

Fit the radiators to the walls.

Put the floorboards back.

Then the carpet.

Carefully cut to go round the pipes.

Fill the whole works up with water.

And light a fire under it.

(If you can get the fuel these days.)

Or

b) Get the electricians in with some heaters, a screwdriver, and a length of this
by clipping this coupon.

For more information on electric heating systems, controls and tariffs, send this coupon to The Build Electric Bureau, The Building Centre, 26 Store Street, London WC1E 7BT or ask the operator for Freephone 2284 and talk to our commercial heating specialists.

Name _____

Address _____

HEAT ELECTRIC

The Electricity Council, England and Wales

CD WH4



1 in 6 children of school age probably has Threadworms

The eradication of threadworms calls for:

- * scrupulous personal cleanliness
- * regular anal hygiene
- * frequent laundering of nightclothes and bed-linen
- * frequent dusting and airing of bedrooms and bathrooms
- * PRIPSEN for **all** the family (to stop cross-infestation)

Two single doses of Pripsen, a fortnight apart, are 95% effective against threadworms.

N.H.S. Price (Sept 1980) 23p per sachet.

Pripsen

STOPS THREADWORMS IN THEIR TRACKS



Pripsen contains Piperazine Phosphate BP and standardised senna, in a raspberry-flavoured base. Full prescribing information is available from Reckitt & Colman Pharmaceutical Division, Hull HU8 7DS.



Please send free supply of tear-off patient-instruction pads.

Name _____

Position _____

Address _____

Assistant of the year *Continued from p822*

is "to keep working happily for several more years". Joan works for J. Barrit, Chanterlands Avenue, Hull.

6

Liz Groves (West Yorkshire) has only worked in a pharmacy since February and lists her duties in the shop as "just about everything". Special to Liz about working in the pharmacy is the atmosphere which she describes as "friendly, more personal and yet discreet". Liz has attended management and display courses and also believes she is not without commonsense which never goes amiss. Hobbies are listed as reading, sewing, gardening and travelling. Liz also owns a horse and it is one of her ambitions to breed the winner of the Grand National as well as fly a helicopter and hang-glide. Liz works at Crosshills Pharmacy, Crosshills, Nr Keighley.

7

Sheila Hartley (North West) is another contestant who won through last year. Sheila has worked in a pharmacy for nearly 16 years and lists her special interests as the medical section,



promotions, window dressing and helping in the dispensary. The caring atmosphere and genuine interest in people and their problems are special to Sheila in her work and the qualifications she holds are a dispensing certificate and a Cyclax consultancy diploma. Reading, writing, poetry, yoga and gardening are listed as hobbies and her ambition is "to lead a happy, healthy life, to try to build a secure future for my family and carry on doing a job which is worthwhile". Sheila works at W. Doherty Pharmacy, Windemere, Cumbria.

8

Agnes Heaney (West Scotland) has been working in pharmacy for 19 years although this has included time off to bring up a family. Full-time for the past two years, Agnes' duties include taking charge of the counter side and

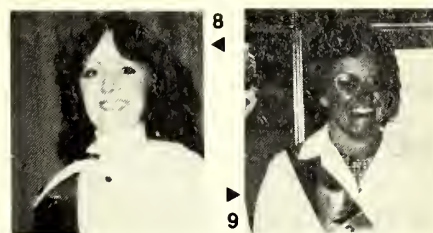


here she particularly enjoys the beauty line and window displays. Special in her work Agnes says is "meeting the public and knowing I have a satisfied customer" as well as "the challenge of having a well organised shop and the variety of duties this includes". A Vichy skin care school, Guerlain beauty course and Kodak course have all been attended by Agnes and she has gained Higher English and "O" level Arithmetic through night school in the hope of obtaining a dispensing certificate. Hobbies include reading, gardening, dancing and window shopping and ambitions include attending a beauticians' course and obtaining a dispensing certificate. Agnes works for A. Bryson at Village Cumbernauld.



9

Irene Jackson (East Anglia) has worked off and on for nine years in between bringing up a family. Irene is involved in both dispensing and in the ordering, buying and supervision of staff on the counter side. Helping customers and supplying a necessary service give Irene the most pleasure out of her job and although having no formal qualifications she says she is fortunate in having a first class employer to learn from as well as gaining by practical experience. Hobbies include gardening, reading and caravanning and ambitions include travelling abroad as well as continuing to lead a happy contented life. Irene works for J. M. Brunt, High Street, Brandon, Suffolk.



10

Christopher Johnson (East Midlands) is our only male finalist and is another contestant who has won through to the final for two successive years. Chris has worked in pharmacy for 12 years and describes his special interests as dispensing, recommending patent medicines, selling good perfume and babyware. Important to Chris in his job is that every day is different, he meets different people, has varying duties with good work companions in a homely atmosphere. Chris is a qualified pharmacy technician and has attended a Kodak photographic course. His ambition is to continue to work for the same firm and to achieve the highest level possible within it. Hobbies listed by Chris are fly fishing for trout, shooting and running a mobile discotheque. Chris works for Beirne and Watts in Northampton.

11

Lisa Pritchard (South Midlands) has worked for three years in pharmacy and is stock controller of make-up and baby lines. Lisa has also just qualified as a dispensing technician and she finds that "working in a cosmopolitan area I meet a wide range of people and problems". Ambitions include learning more about her job and the art of working with the public, as well as owning a Fiat X19 car, and activities outside working hours include horse riding, hunting and skiing as well as being a member of a Young Farmers' Club. Lisa works at Leslie Bonham Chemist Ltd, Coventry.

12

Amanda Reeson (London) is a finalist for the second year running and has nine years' working experience in pharmacy. Amanda describes her duties as "the day to day ordering of the shop and helping in the dispensary". Her ambition is to try for a pharmacy technicians' certificate but she also enjoys being involved in window dressing especially where competitions are concerned. Amanda thinks that "working in a pharmacy helps provide an important service to the local community" and she lists her hobbies as cooking, reading, tennis and long walks in the countryside. Amanda works at Ormay Chemist, Erith, Kent.

Continued on p826

Assistant of the year *Continued from overleaf*

13

Diana Roberts (Southern England) follows her mother in her career. Having worked in a pharmacy for 22 years she describes her main duty as assistant dispenser although she also helps out in the shop and with the paperwork. "My job is rewarding—helping people who are mostly sick and worried" she says. "It's really more a way of life than a job." Diana holds a hair consultant diploma and has a certificate for nail care. Hobbies are driving, gardening and picture embroidery and Diana hopes in the future "to earn enough money to open a home for neglected dogs". Diana works at P. Gamblin, Gosport.

14

Lynn Martell Scholey (South West) spent 18 months as a Saturday girl before becoming full-time six years ago. Lynn enjoys all the duties in the shop "from serving the customers, doing the buying, dispensing, window dressing and even scrubbing the floor". Lynn sees herself as having an active, varied, responsible job with the chance to meet people and help them in a clean, friendly atmosphere. At present in the middle of a two year correspondence course to become a dispensing technician, Lynn still finds time for badminton, riding, walking and dancing and her ambition is to remain healthy, happy and successful in anything she undertakes. Lynn works for Mr A. C. Woods, MPS, Modbury, South Devon.

15

Sheila Stallard (West Midlands & Wales) holds a City & Guilds qualification as a pharmacy technician and has been working in pharmacy for 9½ years. The pharmacy, she says, is interesting and varied and keeps her fully occupied with new challenges and new customers to meet. Her duties include banking, book keeping, NPA payments, VAT calculations and payments, buying and controlling dispensing stock. Sheila lists her hobbies as driving, reading, bee-keeping and cycling and her ambition is to return to pharmacy after starting a family and to try the advanced technician course as well as attending any colostomy and ileostomy courses to widen her knowledge of surgical products. Sheila works at T. H. Jarrett, High Street, Lye.

16

Avril Teal (North East) has worked in pharmacy for eight years and lists her special interests as health foods and window dressing. Her duties include buying health foods and ordering goods as well as compiling other orders.

Trying to build up a good customer/assistant relationship is special in her work says Avril and she enjoys meeting people and trying to be of assistance. Avril says she has no specific qualifications except commonsense and experience and her ambition is for a happy and prosperous retirement. Outside interests are listed as badminton, reading, knitting and sewing. Avril works at A. Wilson (Blyth) Ltd.

17

Jenny Turner (North Wales, Cheshire & Wirral) described her role in the pharmacy as "a sort of Girl Friday", a role she has held for seven years. Being a trained hairstylist Jenny is

able to give professional advice on hair as well as designing displays, seeing reps, controlling stock and helping with dispensing. To Jenny the pharmacy holds "a special place within the local community where people find a genuine interest in their problems and benefit from our advice". Jenny is a Sunday school teacher and secretary and enjoys music, swimming, crosswords and fund raising for various charities. "I have no burning ambitions, I've three super children and a happy home, to me that's the ultimate achievement. My future hopes are to see our new shop take off successfully early next year." Jenny works at G. O. Howells Ltd, Hadley, Telford.

The last three finalists

The last three regional finals have now been completed. At York (1) the winner of the Yorkshire, Lincolnshire and Humberside regional final was Mrs Joan Gillatt (J. Barrit, MPS, Hull) and second prize went to Mrs Rosalie Robinson of the same pharmacy. Third prize went to Miss Joan Benyon (N. Smithson, MPS, Gainsborough).

In the West Yorkshire final (2) Miss Liz Groves of Cross Hills Pharmacy near Keighley was the winner, second place going to Mrs J. Armstrong (R. Sturges Ltd, Oakworth, Keighley) and third to Mrs Halina Smith (Bruce W. Moss Ltd, Bradford). A prize in the 19 and

under category was awarded to Miss Angela Holmes (J. Buchanan, Keighley).

Finally in the Northern Ireland regional final (3) Miss Linda Carson of the Inns Pharmacy, Saintfield Road, Belfast came out on top. Second place went to Mrs Barbara Addis (Donaldson & Lee Ltd, 25 Strand Road, Londonderry) and third to Miss Patricia McAleavey (Parkes Pharmacy, Banbridge, Co Down).



Mr A. K. ("Tony") Brien, MPS, has retired as prescription products manager, Vestric Ltd, after 33 years' service in the pharmaceutical industry.

Born in St Helens, Lancs, and a graduate of Liverpool school of pharmacy, Mr Brien spent a short time in retail pharmacy in Liverpool before joining the RAMC for six years' war service. In 1947, he joined Evans Medical as a representative and in 1950 became an overseas representative, based in Egypt. From 1953 until 1964, Mr Brien was managing director of Evans' South African subsidiary.

In 1969 he returned to the UK to join Vestric as a branch manager at Foots Cray, before being appointed to his present position at their head office. ■

Mr J. D. Horner, group managing director of Hickson & Welch (Holdings) Ltd has been elected president of the Chemical Industries Association. David Horner joined Hickson & Welch in 1949 and became a director in 1965 and managing director in 1972. He was appointed a director of the parent company, Hickson & Welch (Holdings) Ltd in 1971 and managing director in 1974. He is also chairman of the company's three subsidiaries. Mr Horner is well known in CIA, having been elected to council in 1973 and appointed to the finance committee in 1974. He was made a vice-president in February 1980. ■

Mr Peter Briess, who has resigned from Lewis & Peat Chemicals Ltd (last week, p785), can be contacted at Maytree House, Tenterden Grove, London NW4 1ST (tel. 01-203 1533) ■

News in brief

■ The retail price index for October was 271.9 (1974=100). This represents an increase of 0.6 per cent on September 1980 and of 15.4 per cent on October 1979.

■ Schedules to the Medicines (Exemption from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order 1979 are updated by an amendment (no 2) Order issued as SI 1980: 1650 (HM Stationery Office, price £2.10). The schedules include some new items, and others have been deleted.

■ The number of pharmacies opening in England in October was 27, not as stated in *C&D* last week (p780).

By Xrayser

In the dumps

Not a trip to the local tip, but a reflection that if "Dump it" campaigns in the future are run as well as that reported from Durham we may perhaps look forward to the time when as a result of long term publicity, long term education, and a change in the concept of the treatment of illness, we may find that the quantities dumped will be greatly reduced. I think Durham are to be congratulated for the thoroughness and spread of the campaign and for their economy in achieving so much for an expenditure of only £1,300.

But by the quirk inherent from a puritan upbringing I find it painful to think of 229lbs of tablets and 40 gallons of medicines being dumped, for the existence of such vast surpluses is an indication, and proof, of excessive prescribing—as well as poor patient compliance—about which the DHSS and the BMA ought to be taking notice. While we all know it is unthinkable for such returned drugs to be recycled (if that is the right word) one can easily understand and sympathise with lay people who feel it a sin to waste such valuable products and think they should at least be offered free to poor countries unable to afford to import them.

If you have ever visited such a country, as has a friend of mine, and seen patients going from pharmacy to pharmacy in an unsuccessful search for an antibiotic—any antibiotic—to fill one of a number of alternative scripts given by a desperate doctor to a desperate family you will understand the sense of shame I feel at the proof of such squandering of drugs by a self-indulgent nation of whose wasteful but sacred national health scheme I am part.

White coats

The NPA try hard for us and do pretty well for the membership. I am about to buy new staff coats and thought the offer of white coats which came recently from them seemed good value at some £8-odd. I showed the girls. They didn't seem all that thrilled and said they would like to see one first. I've been wearing my suit lately, trying to "uptone" the joint

by a show of dignity and "well-dressedness." But the truth of the matter is that I don't wear the pair of NPA jackets I bought last year, because I don't like the zips that stop at the bottom so that I have to open the coat from the top and step into it with delicate steps or my shoes will mark the collar and lapels. Nor do I enjoy getting out of it, for it has to be dropped onto the floor, after wriggling out of the sleeves. Then the material looks floppy and unsmart, sort of grubby before its time, so that unless I get it starched it never looks crisp. No, they decided, not that! We bought new nylon overalls for £8.85 from the local overall shop. They look fine and can be washed and drip-dried in a couple of hours.

Out breathings

Retail Business predicts an upswing in oral hygiene. The toothpaste market will forge ahead, though the EIU (Economist Intelligence Unit) say that it is becoming increasingly price sensitive. Such revelations! I must consult with the CIA (Chemist Information Association) to see if the 3½ dozen associated oral hygiene rinses are going to upswing off my shelves back into the willing arms of the rep, or will be prompted by a new and not forshortened advertising programme.

I've often fancied my chances as a copywriter and would willingly offer my services to one particular company for nothing with this advert—"Breathe in through a Blank clean mouth . . . and expire on your friends with confidence" I assure you that if sales of the product I have in mind are anything to go on, this "inspiration" of mine is fully worthy of it. ■

COUNTERPOINTS

Reckitt's holiday and sunlamp competition

A national promotion in support of four skincare products has been launched by Reckitt toiletry products.

The campaign majors on a national consumer competition with holidays and sunlamps as prizes. Purchasers of Nulon, Flicker, Veeto, Bathjoys and in the south only, All Over Softly, have the chance to enter a sunshine competition with four £250 holiday vouchers as first prizes and 50 Philips sunlamps as runner-up prizes. They can also get a £3 rebate off the price of a Philips Ultraphil Special sunlamp. Proof of purchase is required in each case.

There is also a separate consumer promotion for Nulon hand cream. Inspired by the old phrase "the future is in your hands", the users of Nulon are given a chance to prove it. For £1 they can have their hands "read" by the palmist Mary Anderson, compiler of the Letts Prediction diary.



Application forms are incorporated in leaflets available at the point of sale and proof of purchase is required. The offer is open until December 31 1980. The promotion will be backed by large, display boards, window bills and shelf cards. *Reckitt Products, Reckitt House, Stoneferry Road, Hull HU8 8DD.* ■

Sangers Christmas supersavers

Sangers have increased their Christmas supersavers of photographic and electrical goods.

The additions are Barclay C60 and C90 low noise cassettes, Fuji and Kodak films, Polaroid SX70 twin films with flashbars, Polaroid 1000 cameras, Sankyo EM 20 XL cine cameras, Sharp portable black & white televisions, Superframe counter display

packs, Sylvania magicubes, flashcubes, flipflash and flashbars, and the Yelco MP 330 cine projector.

The supersavers for December are: Andrews liver salts, Badedas 125ml, Brylcreem 140ml, large twin pack Crest, Elnett hairspray, Harmony, Impulse, Libresse Pennywise, Nulon, Oil of Ulay 150ml, Perform conditioner, Ponds creams, Scotties facial tissues, Sunsilk shampoo, and Vespre towels. *Sangers Ltd, 225 Oxford Street, London W1R 1AE.* ■

Ralgex on bonus from November 24

LRC Products has a trade promotion on display trays of Ralgex. From November 24 the salesforce will be offering the display unit, which contains balm, sticks, embrocation and spray, at a bonus price. *LRC Products Ltd, Sanitas House, Stockwell Green, London SW9 9JJ.* ■

PRESCRIPTION SPECIALITIES

Dirythmin SA tablets

Manufacturer Astra Pharmaceuticals Ltd, King George's Avenue, Watford WD1 7QR

Description White, film-coated sustained release tablets engraved DAR on one side each containing 150mg disopyramide base as the phosphate.

Indications Class 1 Antiarrhythmic drug. As for other disopyramide preparations

Dosage The normal adult dosage is 2 tablets 12 hourly and should not normally exceed 900mg daily. Dosage should be adjusted dependant on patient response and tolerance

Contraindications, Side effects etc As for other disopyramide preparations

Precautions As for other disopyramide preparations. In patients with moderate renal or hepatic insufficiency dosage should be limited to one Dirythmin SA tablet twice daily. In patients with creatine clearance less than 40ml/min standard capsules are advised

Packs 100 (£12.25 trade)

Supply restrictions Prescription only
Issued November 1980. ■

Cox additions

Arthur H. Cox & Co Ltd have brought out the following products this month. 15g tubes of hydrocortisone cream and ointment BP 0.5 per cent (£0.26) and 1 per cent (£0.34). Also 500ml diazepam elixir BNF 2mg/5ml (£3.84—all prices trade). *Arthur H. Cox Ltd, Brookside Avenue, Rustington, West Sussex BN16 3LF.* ■

Standard tube Predenema

Pharmax Ltd have brought out an additional presentation of their prednisolone retention enema—Predenema standard tube.

This will compliment the long tube enema and will be available from wholesalers from December 1 in packs of ten (£6.86 trade). *Pharmax Ltd, Bourne Road, Bexley, Kent.* ■

Laryngofoam

Raymed have introduced disposable laryngectomy protectors—Laryngofoam. These are available in packs of five and 30 (£0.64 and £3.20 trade) and can be supplied under the type 2 specification in the Drug Tariff (p19 in the second list of amendments). *Raymed, Viaduct Road, Leeds LS4 2BR.* ■

Micronor packs

Ortho Pharmaceutical have discontinued the single pack of Micronor tablets. All orders received for Micronor will now be filled by the "two-pack". *Ortho Pharmaceutical Ltd, PO Box 79, Saunderton, High Wycombe, Bucks HP14 4HJ.* ■

Dimyrl dropped

Fisons have discontinued their Dimyrl capsules. *Fisons Ltd, Pharmaceutical Division, Derby Road, Loughborough, Leics LE11 0BB.* ■

TAKES NICE PICTURES, DOESN'T IT?



 **sakuura**

Manufactured in Japan by Konishiroku. Konishiroku UK, Feltham, Middx. 01-751 6121.

On the other side is the advertisement we'll be running for Sakuracolor from October to December.

We'll be taking 600 poster sites in key positions around the country.

There'll also be insertions in the Sunday Telegraph and Observer Magazines, Reader's Digest, Radio Times, Men Only, Motor Sport and Geographical Magazine.

In the photographic press, we'll be appearing in You and Your Camera, Amateur Photographer and Practical Photography.

Altogether, we'll be covering a good 72% of AB males.

The trick, you'll notice, is to make them thoroughly aware of the Sakuracolor pack, so they'll feel at home with it when you offer it to them.

The other trick, of course, is for you to stock some film to offer to them.

To do so, either see our rep, or contact Konishiroku UK, Konishiroku House, 51 High Street, Feltham, Middlesex. Tel. 01-751 6121.

This Xmas you can sell three times more than ever before!



To coincide with the festive season, Wander are putting their Diabetic Wafers in multipacks of three – to make a very special Xmas gift that your diabetic customers, and their relatives and friends, will really

appreciate. As well as Wander's Chocolate and Orange Flavoured Diabetic Wafers, the eye-catching and seasonal multipacks will also feature a new wafer:

New Coffee Flavoured Diabetic Wafer available in multipacks of three – get your order in now!

Please supply me with:

- ☐ outers of Fructose Diabetic Wafers (24 multipacks per outer)
- ☐ outers of Fructose Orange Wafers (24 multipacks per outer)
- ☐ outers of NEW Fructose Coffee Wafers (24 multipacks per outer)

Please send to your usual wholesaler

Name _____
Address _____



A Seasonal Reminder from Wander

This year you can make it
a really sweet Christmas for
your diabetic customers
— by stocking Wander's range of
Diabetic Chocolate Bars.
Our sorbitol and fructose ranges
are firm favourites with diabetics
throughout the country.

So stock up now!
And give yourself and
your diabetic customers
a taste of the sweet life
this Christmas.



P.S. This Christmas, the Wander Diabetic Discount
means a bonus offer over 40% profit on cost!



Please supply me with:

- ☐ Outers of Nut Milk chocolate bars (fructose) — 12 bars per outer
- ☐ Outers of Milk chocolate bars (fructose) — 12 bars per outer
- ☐ Outers of Milk chocolate bars (sorbitol) — 12 bars per outer
- ☐ Outers of Orange-flavoured milk chocolate bars (sorbitol) — 12 bars per outer
- ☐ Outers of Coffee Milk chocolate bars (sorbitol) — 12 bars per outer
- ☐ Outers of Nut Milk chocolate bars (sorbitol) — 12 bars per outer
- ☐ Outers of Plain chocolate bars (sorbitol) — 12 bars per outer

Name _____

Address _____

Please send to your usual wholesaler

P.T.O.

This Xmas you can sell three times more than ever before!



To coincide with the festive season, Wander are putting their Diabetic Wafers in multipacks of three – to make a very special Xmas gift that your diabetic customers, and their relatives and friends, will really

appreciate. As well as Wander's Chocolate and Orange Flavoured Diabetic Wafers, the eye-catching and seasonal multipacks will also feature a new wafer:

New Coffee Flavoured Diabetic Wafer available in multipacks of three – get your order in now!

Please supply me with:

- ☐ 24 outers of Fructose Diabetic Wafers (24 multipacks per outer)
- ☐ 24 outers of Fructose Orange Wafers (24 multipacks per outer)
- ☐ 24 outers of NEW Fructose Coffee Wafers (24 multipacks per outer)

Please send to your usual wholesaler

Name _____
Address _____



A Seasonal Reminder from Wander

This year you can make it
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your diabetic customers
– by stocking Wander's range of
Diabetic Chocolate Bars.
Our sorbitol and fructose ranges
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throughout the country.

So stock up now!
And give yourself and
your diabetic customers
a taste of the sweet life
this Christmas.



P.S. This Christmas, the Wander Diabetic Discount
means a bonus offer over 40% profit on cost!

Please supply me with:

- ☐ Outers of Nut Milk chocolate bars (fructose) – 12 bars per outer
- ☐ Outers of Milk chocolate bars (fructose) – 12 bars per outer
- ☐ Outers of Milk chocolate bars (sorbitol) – 12 bars per outer
- ☐ Outers of Orange-flavoured milk chocolate bars (sorbitol) – 12 bars per outer
- ☐ Outers of Coffee Milk chocolate bars (sorbitol) – 12 bars per outer
- ☐ Outers of Nut Milk chocolate bars (sorbitol) – 12 bars per outer
- ☐ Outers of Plain chocolate bars (sorbitol) – 12 bars per outer

Name _____

Address _____

Please send to your usual wholesaler

P.T.O.

Rodine C

FOR RATS & MICE



Rentokil

PRODUCTS THE PROFESSIONALS USE

ORDER NOW FROM YOUR WHOLESALER.

Now you can make a hole in your customer's ears,
without making a hole in your pocket.



Ear piercing is the great new way to build extra business.

But until now it has given chemists a couple of problems. Equipment can be expensive. And effective sterilisation can be time consuming.

Coren disposable ear-piercers solve both problems at a single blow.

In fact they're the most practical, most painless way to pierce ears there's ever been.

Each pack of piercers is pre-packed in individual sterile packs. The pre-sterilised 24 carat gold plate studs come to you already loaded in individual sterilised plastic piercers.

After use you simply toss the piercer away.

They're easy to hold, easy to use, and don't cause bleeding.

They're so painless, in fact, that there's no need for anaesthesia.

You might think that the best way to pierce ears would also be the most expensive.

In fact at just £18.98 for a pack of 6 it's one of the cheapest.

Add the fact that all you need is a corner of your shop, a chair and a few minutes of your time and the Coren ear-piercer becomes not just one of the best ways to pierce ears. But one of the most profitable too.

NEWTONS
LABORATORIES

To Newtons Laboratories, P.O. Box 789, 111-113 Wandsworth High Street, London SW18 4JB.
Tel: 01-874 6511. Yes, I'd like to see how Coren Disposable Ear-piercers can bring me more, profitable business. Please send me _____ packs of six pairs at £18.98 per pair (incl. post, packing and VAT) for which I enclose my cheque.

Name _____

Address _____

Town _____

County _____

Postcode _____

(C D) _____

Shelf plan advice in boost for medicated skin care

Richardson-Merrell have announced an additional formulation of Topex, an economy size of Biactol, heavy advertising support for all their medicated skin care products, and a shelf-plan for retailers.

Topex acne cream contains the same concentration of benzoyl peroxide as the lotion (5 per cent) and is available in 20g tubes (£1.69) in outers of 12. Richardson-Merrell say they introduced a cream because some people find the lotion difficult to use and their research indicated that 50 per cent of potential acne treatment users prefer a cream. They decided against launching a 10 per cent preparation as they claim that this would not have a greater efficacy in treating acne and would be more likely to cause side effects than the 5 per cent preparation.

Advertising begins on December 22 and both the cream and lotion will be promoted on all television stations except Scotland, with a total spend of £300,000. Increased emphasis will be given to London by using 45-second radio commercials during January and February.

A 250ml size of Biactol (£2.09) is being introduced to pharmacies only after a test in the Midlands television area. This will give better value to regular users and also provide for family use, the company says. Their research has shown that Biactol is being used as a body wash and they are planning to promote it as an extended-use product in the future.

Richardson-Merrell plan to spend £500,000 in supporting Biactol from now until June 1981. Most of this will be on television advertising except in Harlech and Westward areas where a promotion offers a watch.

Heavy advertising is also planned for Clearasil Clearguard. Clearasil was relaunched in October 1979 and a medicated stick was introduced in January. The brand now holds a 33 per cent sterling share of the teenage skin care market—an increase of 4 per cent since relaunch—making its share twice that of its nearest competitor, the company says.

From June 1980 until March 1981, £700,000 will have been spent on promotional support for Clearguard, of which £600,000 will be on Press and



television advertising. A range of offers, both on and off-pack will supplement the advertising.

Richardson-Merrell's shelf-plan will be based on a shelf profitability study they are presently conducting through a national chain of pharmacies. They point out that in the teenage skin care market eight brands account for nearly 80 per cent of the market, whereas 30 brands account for the rest. Moreover their own brands represent 65 per cent of sales but only average 30 per cent of the total shelf space for such products. Their study involves allocating merchandising space according to market shares.

From January the company will be offering advice and materials to retailers who wish to re-plan their shelf space with the aim of maximising their profits. Two sets of material will be available, depending on the size of the store, to chemists covered by the company's sales force. *Richardson-Merrell Ltd, 20 Queensmere, Slough, Berks SL1 1YY.* ■

Promotions for Pharmaton

Promotional support worth £150,000 is planned for Pharmaton products during 1981. Advertisements will appear in *Radio Times*, women's magazines, and pre-retirement publications and there will be a poster campaign in the London Underground. New POS material and consumer literature will be available. *Pharmagen Ltd, Chapel Street, Runcorn, Cheshire WA7 5AP.* ■

Digital thermometer from ICML

Independent Chemists Marketing Ltd, are to distribute the E-Z Temp thermometer (£1.50).

This is a liquid crystal digital thermometer which has proved to be popular in the US because it is easy to use. To read the patient's temperature the thermometer is placed on either the forehead or temple. After approximately 30 seconds, the highest number that shows in green corresponds to the temperature.

The E-Z Temp thermometer will be a feature of ICML's December promotion, offering the retailer 50p per case introductory bonus, plus an increased margin.

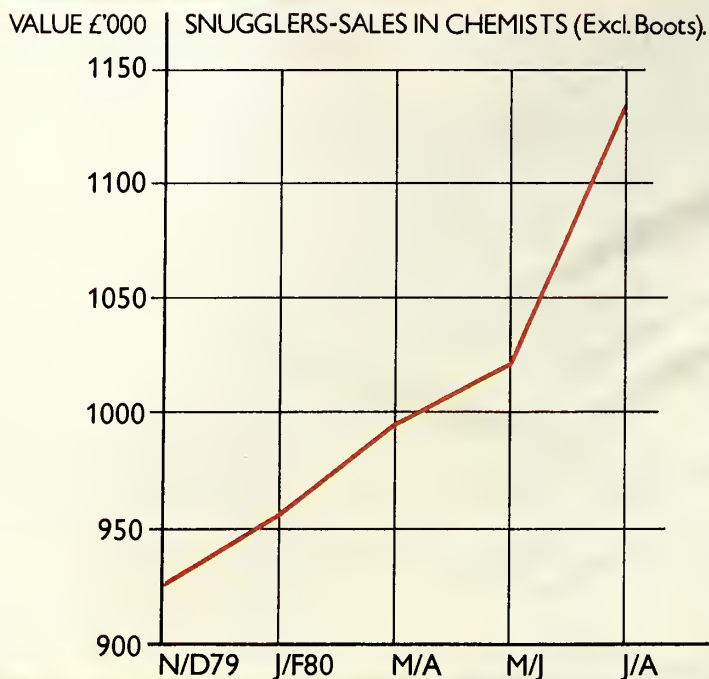
Other products on promotion during December include Nusoft baby oil, lotion, shampoo, cream and powder, Lotus cleansing cold cream, Nusoft foam and bubble bath, Nucross glucose, Sunpure full sugar fruit drinks, Nusoft economy and standard cotton puffs, and Nuhome twin-pack toilet rolls, kitchen rolls and aluminium foil.

Consumer savings are also being offered on the complete range of household liquids and the Nusoft range of sponges. There is a continuation of November's rose bush offer on the white and multicolour Nusoft 150's tissues.

Case bonuses are being offered on the above and sugar confectionery. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster.* ■

On TV next week

Alka Seltzer:	All areas
Anadin:	All areas
Beecham powders hot lemon:	
	All except E, CI
Cosifits:	Lc, Y, NE, U, B
Crest toothpaste:	Y
Day Nurse:	All except E, CI
Dixcel toilet tissue:	
	M, Lc, WW, So, A, We, Ln
Denim aftershave:	All areas
Haliborange:	Ln, Y, Sc, NE
Heinz babyfoods:	
	Ln, Lc, Y, NE, Sc, G, WW, So, A
Mac lozenges:	M, WW, So, A, We
Oil of Ulay:	All areas
Polaroid model 1000:	All except E
Sine-off:	Ln
SOS Talisman:	Ln, So, A, M, WW, We
Sucrets:	WW
Tamsit chair harness:	M
Tinkerbell:	M



The side of Snugglers that speaks for itself.

Snugglers

No 1 in chemists—sales since last year..... up 44%*

No 1 in chemists—value share..... 60%*

No 1 in chemists—volume share..... 41%*

No wonder Snugglers is still Britain's biggest selling disposable nappy. Available in five sizes.

Snugglers

CURITY

*Independent retail audit

Britain's biggest selling disposable nappy.



Camera outfit and club for young enthusiasts

Young photographers can now buy a camera outfit specially designed for them, and join a young enthusiasts club.

Tudor have put together an outfit consisting of a basic 110—dressed in the “club colours” of red and green—a 20 exposure colour film, super 10 flipflash, wrist strap and 50p voucher to reduce the cost of processing their first film. Designed for the 7-14 year age group, the outfit is expected to sell for around £10.95.

Each outfit also includes an invitation to join the Tudor club. In return for a £1 fee, members receive a membership card, a further



two 50p D&P vouchers and a quarterly newsletter. *Tudor Photographic Group, 30 Oxgate Lane, Industrial Estate, London NW2.* ■

Character additions from Samantha Jane

Tom & Jerry, Mrs Fitzherbert and Caligula are the recent additions to the range of character toiletries available from Samantha Jane.

Tom and Jerry bathtime novelties comprise two soaps, one of each of the characters (£0.79), bubble bath, shampoo and talc (all £0.75 each), soap tablets (£0.60) and gift sets containing bubble bath, talc and soap (£1.95). Each product comes in its own colourful carton depicting Tom and Jerry.

Mrs Fitzherbert, wife of King George IV, was the inspiration behind

a line of bathtime toiletries in three traditional fragrances—honeysuckle, lavender and rose. The fragrances are each available in bath oil, bath oil grains, dusting powder and pot pourri (all £1.99).

Other activity by the company includes the availability of Gina perfume in the UK and the launch of a range of Caligula toiletries for men “to help every man savour the powerful imaginary moments of enjoyable emperordom”. Comprising cologne (120ml, £5.50) eau de toilette (2oz, £3.50), aftershave (120ml, £4.50) and toilet soap (100g, £1.20) the range is available in cartons bearing the seal of Caligula. *Samantha Jane Ltd, 86 Kensington Gardens Square, London W2 4BB.* ■

Dean Warburg add Leonard perfumes

Dean Warburg Marketing Ltd have added Les Parfums Léonard to their French perfume business. Two years ago they took over the UK distribution of Les Parfums Charles Jourdan and launched “Votre” and earlier this year introduced the Un Homme range of men's toiletries.

Account facilities will now be extended for all four lines and there will be increased advertising and promotional expenditure in 1981. *Dean Warburg Marketing Ltd, 6 Old Bond Street, London W1.* ■



Gillette forecast ‘disposable’ growth

Since the launch of twin blade razors nine years ago the market has grown to nearly a third of wet shavers according to Gillette's shaving division. And the recent launch of Slalom and Swivel the swivel-headed twin-blade disposable razors (*C&D* October 18, p628) now offers these features to the customer who prefers a disposable razor.

The usage of disposable razors continues to grow, say Gillette, and now commands around 35 per cent (volume) share of the wet shave market compared with about 5 per cent in 1977. They project their share of disposable users will increase by nine per cent to 35 per cent in 1981.

Gillette estimate their total sterling share of disposables for 1980 will be 7.7 per cent (fixed head 7.5 per cent, Slalom 0.2 per cent) and they project this will increase to 12.5 per cent in 1981 (9.0 and 3.5 per cent). Wilkinson they credit with 3.8 per cent sterling share of the 1980 disposables market (Close & Easy 3.6 per cent, Swivel 0.1 per cent, Handy 0.1 per cent) and 3.5 per cent for 1981 (0.9 per cent, 1.5 per cent and 1.1 per cent respectively). Bic is credited with a 1.1 per cent gain by 1981 (13-14.1 per cent).

The Gillette Slalom was introduced into the United States six months ago and exceeded its first year targets after four months and, the company says, the sales of Good News—the US version of Nice 'n Easy—were not affected.

To support their activity in the British market Gillette have introduced a range of POS units tailored to fit most display systems. The system comprises injection moulded plastic panels and attachable metal hooks which can be positioned to take both blade and razor packs. The stock unit can be attached to a variety of base units, both static and revolving, and a checkout unit is adjustable in both height and width to fit most makes of till. A panel extension hook is also available. *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.* ■

One of the Gillette range of POS units displaying razors and blades



A free offer that stands up and speaks for itself.

This year will be a record year for Snugglers' sales. Next year we're confident we'll sell even more.

Chemists who'd like to cash in can get this attractive display stand free with a minimum purchase of six cases of Snugglers. If you're interested (and who wouldn't be) fill in the coupon.

Snugglers

Britain's biggest selling disposable nappy.

I am interested in finding out more about the Curity Snugglers merchandising stand offer. (PLEASE USE BLOCK CAPITALS).

Name _____

Position _____

Name and address of store _____

Send to: Snugglers Chemist Stand, Colgate-Palmolive Limited, 76 Oxford Street, London W1A 1EN.

This offer is subject to availability.

Compensation rights in compulsory purchase

When local authorities start procedures to purchase land with houses and businesses upon them under compulsory purchase, compensation is payable to businesses, but you may object to your business being uprooted, compensation or not. It is therefore important to know what goes on so that you can take professional advice in good time. Delays can on occasions be fatal to your case. The following occurs when a council moves on a compulsory purchase.

☐ Normally (but not always) the council will try to buy the land on which your business stands in a straight-forward voluntary way. If you refuse, a resolution authorising the council to proceed by compulsory purchase will have to be passed at a council meeting.

☐ The council will investigate your interest in the land by sending you a request for particulars and ask you to declare your interest in the land.

☐ You will then be sent a notice saying that the council is wanting to proceed with the purchase and giving you the right to object. You can do this by letter to the Secretary for the Environment at the address given in the notice. An objection should be sent within the period stated. If you do not object to the purchase but merely on the compensation sums offered you can approach the Lands Tribunal—again the council will supply the address—which will act as an independent body to determine the difference between yourself and the council.

☐ If there are a number of objections to the order, the Secretary of State will order a public inquiry at which you will be able to state your objections. You can either represent yourself, or your business can be represented by a member of staff, or you may wish to employ a solicitor or surveyor to represent you. You will normally have to bear your own costs.

☐ An inspector will head the public inquiry and he will report to the Secretary of State who on the basis of the inspector's findings will confirm or reject the order, or let it go through on certain conditions.

The council will then be free to go ahead, but note that while your business has rights during the formal stages of compulsory purchase, you have one other right you can use.

Where the local council is making the order, there is nothing improper in your business approaching the local councillor for the area in which your business is situated and lobbying him to take steps in the council to defeat the order or make representations on it.

It goes without saying that no payment must be made to the councillor for speaking up nor must any favour be done for him or his family to induce him to take up your case. This would be a criminal offence for which the councillor, you and your business could be penalised at law.

'Non-owned' goods and responsibilities

At one time or another every business is in the position where it has care of other people's goods, or some of its own goods or property is in the hands of others.

You may have sent some articles for repair, you may have taken a delivery of goods for a nearby business when that business was closed for a period, you may have some equipment on trial or on hire. What are your responsibilities?

If you are merely holding goods for someone else or if you ask an individual—or say a bank—to look after something for you, where you do not make a specific payment, then whoever is looking after the goods or articles merely has to exercise the same care as a reasonable man would do if the goods were his own. That is to say, there is no liability if the goods are damaged or destroyed through ordinary negligence. Liability will only arise if the person who is looking after the goods is grossly negligent or takes some deliberate act which causes loss or damage—such as putting goods out in a yard where they may be subject to loss by theft or damage through the weather.

If you have some equipment on trial where no payment is involved, your duty is rather stricter since you are using the equipment in question. Here you are not responsible for genuine wear and tear but you are responsible for negligence or for any damage done in misusing the equipment.

Finally, if you hire something and pay a rental (cash register, micro-processor, photo-copier) then your liability will be as set out in any agreement between you and the firm from which you are doing the hiring. In the absence of any written hire agreement you will be liable for negligence and the hirer will be liable if the equipment is not fit for the purpose for which it is hired.

Employee's must have chance to explain

If an employer is faced with a situation where there has been theft from him committed by one of his employees and there is clear evidence that one particular individual is responsible, then the employer can dismiss immediately and, of course, no claim for unfair dismissal can normally succeed.

However, the Employment Appeal Tribunal has recently ruled that, even where the evidence is clear, the employee must always be given an opportunity to present his case and his side of the story. In the particular case in question an employee was not given this opportunity and it was held that the dismissal was unfair.

Nevertheless, although this was the ruling, when it came to the question of compensation for the employee the Tribunal ruled that even if the employee had been given an opportunity to state his case, the outcome—dismissal for dishonesty—would have been the same. In this event nil compensation was awarded—which is some consolation for the employer concerned.

There is a further point worth noting. If you find for example that one of your employees has been stealing money from you, you are not legally obliged to report the matter to the police. However, if you enter into an agreement with the employee to the effect that you will only not report it if the employee agrees to pay back to you the money involved, then you are guilty of an offence. Legal advice should therefore be taken before contemplating any arrangement for pay back by the employee. ■

Contributed by a barrister

SHOWRAX for the Modern Pharmacy

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PRESCRIPTIONS



The Best of Both Worlds

With all the problems surrounding prescription income, the key to prosperity for today's Pharmacist lies in increasing turnover from a well-planned and attractive front-shop area. But how do you choose the right display method?

Until now the choice was usually between a standard display system, which allows for very little individuality, or a totally custom-made interior, involving expensive designers, specialist carpentry and many days of lost turnover.

Now Showrax, Britain's leading manufacturer in retail display, have launched a brand new range of equipment. It combines the low-cost benefits and flexibility of a modular system, with the freedom to choose the exact colours, materials and layout you require, within the standard range.

All the facts on our new equipment, and everything you need to know about pharmaceutical shopfitting is in our "Pharmacy Information Pack" which is yours for the asking.

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Telephone: 0474-60671

CDP

Please send me my **FREE** Pharmacy Information Pack

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Address _____

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Northfleet
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SHOWRAX



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Your chance to clean up a huge untapped market.

There are over 17 million fridge owners in the country. Only about half a million of them use a fridge freshener.

That leaves a potential of over 16½ million new users and a possible annual market of more than 66 million units.

The new Airbal Fridge Freshener retails at 55p and is renewable every 3 months – so you can see we're talking big business.

How does it work?

Airbal Fridge Freshener is an activated charcoal filter which absorbs food smells and prevents cross tainting of foods in the fridge. E.g. it stops blanchmanges smelling of kippers. It's 100% natural and safe – and because it presents a large surface area, it works very quickly.

In fact, this is the quickest, most effective fridge freshener on the market.



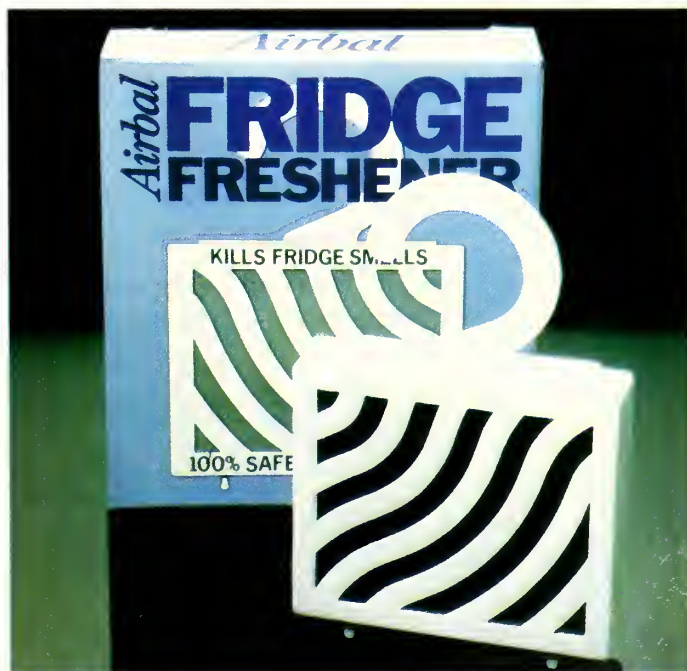
the nose.

£150,000 press support.

We're advertising it in the top women's magazines like *Woman's Own*, *Woman's Realm* and *Woman* early in 1981. Total audience 13 million housewives, or 70% of the total market. A 10p money-off coupon will accompany each ad. It's a good product, it's got the Airbal name to endorse it and, with a launch like this, it'll hit the target market on the nose. *You can take it from there...*

For further information contact:

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Smith & Nephew Ltd., Welwyn Garden City,
Telephone: Welwyn Garden 25151.



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Diastix the test for the busy diabetic

Because some patients find it more difficult than others to adhere to the testing routines with CLINITEST*, Ames have produced DIASTIX, a reagent strip that provides a specific quantitative test for glucose in only 30 seconds.

All they have to do is dip for 2 seconds wait for 30 seconds then read.

It's as simple as that. They do not even need to collect a sample. Even the busiest or most recalcitrant diabetic could not ask for a simpler, quicker, easier-to-cope-with glucose test than that!

Prescribe

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Reagent Strips (Bottles of 50)

for your diabetics

The 30 second glucose test

**All you have to ask for is
half a minute of their time**

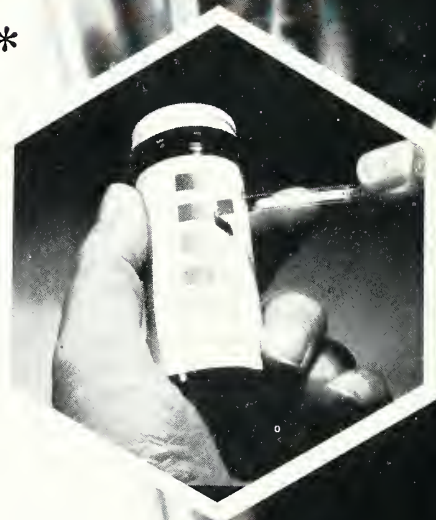
Ames
Division

MILES

Miles Laboratories Ltd, Stoke Court,
Stoke Poges, Bucks SL2 4LY

NOTE:

Large amounts of ketones may decrease colour development of DIASTIX. However, it is unlikely that the presence of ketones simultaneously with glucose in the urine is sufficient to produce false-negative glucose results.



*Trademark

Research into causes and treatment

Pancreas transplants . . . continuous insulin infusion . . . bacterial synthesis of insulin . . . Dr S. L. Howell, Queen Elizabeth College department of physiology, London University, looks at the recent progress in diabetes research.

It might at first glance be thought that, following the production by Banting and Best in 1921 of the first active extract of insulin from the pancreas, the problems of diabetics would be resolved so that little further research was required. It was certainly the case that for some time after 1921 relatively little research was performed and few results of therapeutic significance were achieved until the introduction of the oral hypoglycaemic agents in the 1950s.

Nevertheless, it is clear that research into diabetes continues to be necessary, particularly in view of its increasing occurrence and the greater attention which must now be paid to chronic illnesses following the progressive eradication of communicable diseases such as smallpox and tuberculosis in the recent past. The implications for the patient and for society of suffering from diabetes are profound, as summarised in table 1.

The causes of diabetes mellitus are probably several and are for the most part poorly understood. In many cases it may result from an interaction between environmental factors in individuals who are to some extent genetically susceptible to the disease. There are two major forms of the disease—insulin dependent and non-insulin dependent, the latter treated by diet and/or oral agents.

In both cases there is evidence that the incidence of complications of diabetes (blindness, kidney failure, heart disease, gangrene) would be less severe if blood glucose concentrations could be maintained in a near to normal way. Ideally, it should be possible to eradicate the disease at its source; failing that, it is necessary to improve insulin delivery in order to maintain as near normal blood glucose control as possible. In general this is not possible by the use of once- or twice-daily insulin injections.

There has been recent interest in providing facilities for patients' own measurements of blood glucose, instead of urine glucose, in the home—the so-called "home monitoring". Most available meters, which cost £70—£250, monitor the colours obtained from Dextrostix readings from finger-pricks of blood and translate these readings into blood glucose concentration, frequently with a digital read-out. Use of such meters does allow better control of blood glucose than the traditional urine glucose testing, although it is just possible that this results from the increased attention the patient receives from the diabetic clinic while a trial of home monitoring is in progress, rather than from any inherent advantage of home monitoring itself. It seems unlikely that such meters will be made available through the National Health Service for the time being (see also p846).

Ways of providing more normal patterns of insulin delivery to patients are now under active discussion. This is most simply achieved by the use of pre-programmed infusion pumps which

deliver insulin to the patient at one of two or more pre-determined rates depending on the time of day, in a way which is not dependent on the prevailing blood glucose.

Much more sophisticated and costly is the so-called "artificial pancreas", which measures blood glucose continuously and then infuses insulin or glucose automatically in order to retain a normal blood glucose concentration. In contrast to the pre-programmed infusion pumps, the artificial pancreas is both bulky (about the size of a two-drawer filing cabinet) and expensive (about £17,000). It may nevertheless be extremely useful in a limited range of hospital situations, for instance, in childbirth to diabetic mothers, and in aiding definition of the insulin requirement of newly diagnosed patients more quickly and accurately than by the conventional "try it and see" methods. At present there are only two such instruments in use in the UK.

Transplantation of whole pancreas or of isolated islets of Langerhans provides a particularly attractive form of treatment, but here again there are formidable difficulties: immunological in preventing tissue rejection, surgical in the case of whole pancreas transplants, and technical in obtaining sufficient number of isolated islets for transplantation. This treatment again seems likely to be feasible for a rather small number of young people with insulin-dependent diabetes.

Probably the single most dramatic development is the emergence in the past two years of bacterially synthesised insulin, from the realms of remote possibility in the distant

Continued overleaf

Table 1 Implications of diabetes

1. Mortality increased by a factor of 2-3.
2. Heart disease and stroke increased by a factor of 2-3.
3. Blindness 10 times more common than in the general population.
4. Gangrene and amputation about 20 times more common than in the general population.
5. Second leading cause of fatal kidney disease.
6. Other chronic disabilities (eg, neuropathy, infections, and sexual dysfunction).
7. Hospitalisation increased about twofold compared with age-matched elements of the general population.
8. Direct costs to medical care system include professional time, drugs, and rehabilitative services (eg the diabetic blind), other services and materials.
9. Other costs to society include costs of medical services, pensions, and loss in productivity and earnings due to both disability and premature death.
10. Lifetime risk of diabetes 2-12 per cent (variation by country).

(Reproduced with permission from Second Report of the WHO Expert Committee on Diabetes Mellitus, Technical Report Series 646, World Health Organization, Geneva, 1980).

DIABETES

future to a present reality in which the first report of the effectiveness of such insulin in patients has now been published (*Lancet*, August 23 1980). Efforts to produce insulin by bacterial synthesis are important particularly because of the worldwide shortage of pancreas which will, in the medium term, lead to a shortage of insulin because of increasing demand —last year 31 billion units were prescribed in the UK. Also, and very importantly, the product is human insulin, whereas all insulin available up to now has been extracted from pig or bovine pancreas.

The principles involved in the bacterial synthesis are outlined in figure 1. Briefly, chemically synthesised pieces of double-stranded DNA are designed to contain the information coding for all the amino acids in the A or B chain of human insulin. The synthetic genes are inserted into plasmids by inserting them into the gene for beta-galactosidase distal to the site where synthesis of the mRNA for beta-galactosidase begins. These plasmids are put into bacteria, which are then grown in a medium containing galactose but no glucose. In order to metabolise galactose, the bacteria has to make beta-galactosidase, which is connected by a methionine residue to an insulin A or B chain. Bacterial proteins are prepared and cleaved with cyanogen bromide (CNBr), which cleaves proteins only at methionine residues. The liberated A or B chains are then purified and reduced, mixed and finally oxidised to yield immunologically active insulin.

The first material used for testing in volunteers at Guy's Hospital has been supplied by Eli Lilly, but it seems certain that many other insulin manufacturing companies are actively involved in a similar way.

Cellular processes

Turning to basic research, there has for many years been active interest in the basic cellular processes by which the pancreatic B cell in the islet of Langerhans synthesises, stores and secretes insulin. The way in which the B cell works is outlined in figure 2 which provides a diagrammatic summary of the biosynthetic and secretory processes.

In brief, the biosynthesis occurs in the rough-surfaced endoplasmic reticulum of the cells (which represents

Continued overleaf

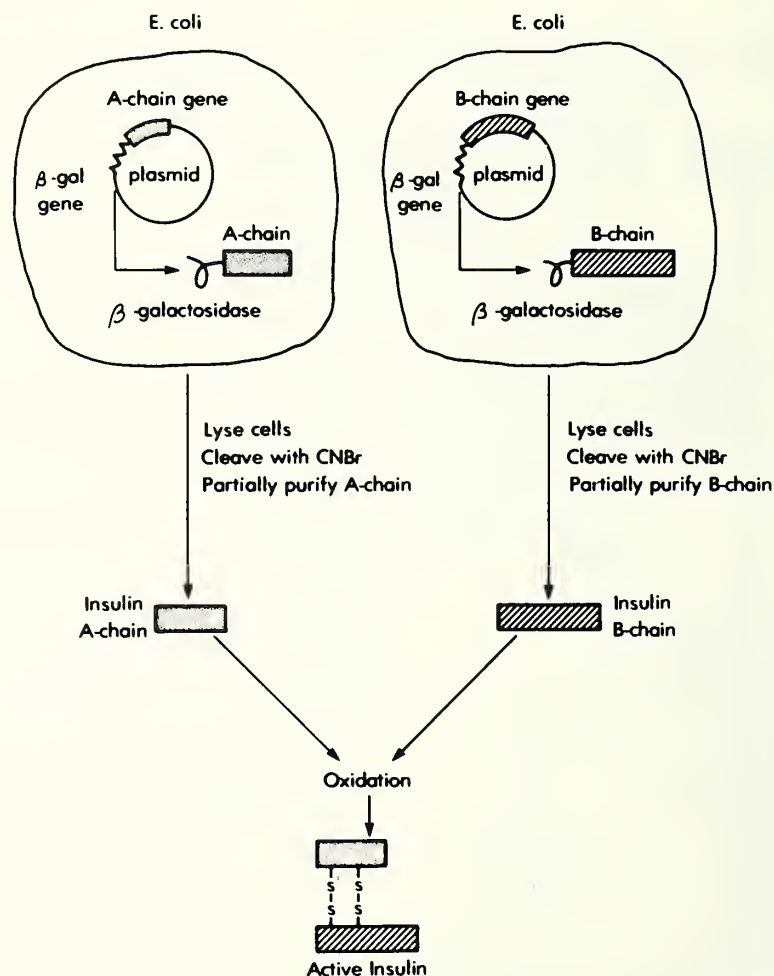
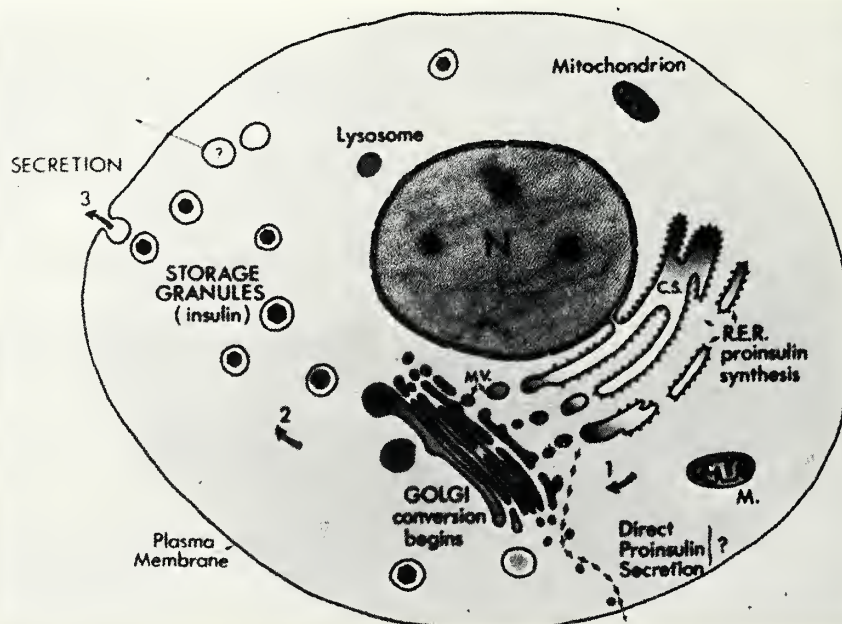


Figure 1 (above): Bacterial synthesis of insulin (details in text). (Reproduced with permission from Miller, W. L. and Baxter, E. D. "Diabetologia," 1980, 18, 431-436). Figure 2 (below): Intracellular pathway by which pancreatic B cells

synthesise, store and secrete insulin (details in text). (Reproduced with permission from Steiner D. L. et al. "Handbook of Physiology" 1972 Section 7, Vol 1, 175-198. American Physiological Society).



How do your diabetics measure blood glucose?



Rule of thumb or metered accuracy



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To take full advantage of better and safer control with blood glucose testing, the patient requires results that are accurate and consistent. For the closest control visually read strips may not be adequate; interpretation of the end point may be subjective; results can vary under different lighting conditions and, of course, approximately one in ten diabetics has impaired colour vision.

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Size: 168 mm x 83 x 38 Weight: 0.34 Kg
Battery operated. Approximately 1000 tests per set of batteries with a 'low battery' warning signal.
No warm-up time.

60 sec. timer incorporated with digital countdown display and signal buzzer.
Range of scale 0 - 22.2 mmol/l
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Live calibration stored in memory (HI and LO) even when switched off. 3 calibration and control solutions available.
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Oxon. OX7 1TU, England
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DIABETES

Continued from p840

their protein synthetic machinery) as a precursor proinsulin. It is then transported to the Golgi complex where it is converted to insulin, packaged and stored in membrane-bound sacs. These membrane-bound storage granules, which provide an insulin reservoir, are ultimately expelled into the bloodstream. There is much interest at present in how this expulsion is achieved in physical terms; it seems that the B cells contain at least some of the contractile proteins which are traditionally associated with muscle cells, and that these may be important in facilitating the transport of storage granules to the cell membrane before their release.

Again, current research attempts to define the role of calcium in the regulation of the secretory process and, in particular, how it is that an increase in blood glucose—which provides the initial stimulus for secretion of insulin—is sensed by the B cells and translated into an increase of cell calcium concentration which will in turn trigger secretion. These problems are slowly but surely being unravelled to allow a more complete understanding of how the B cell works, and may give clues as to what goes wrong when it fails to function adequately.

The actions of insulin are also being studied intensively at a fundamental level with particular reference to the way in which the hormone, which probably penetrates the target cells to only a limited extent, interacts with specific receptors and exerts its diverse effects on carbohydrate, lipid and protein metabolism. The identity of the intracellular message(s) which may institute the effects of the hormone is still not known. Biochemists have also been active in analysing the basis of the complications which can occur in diabetes, with a view to reversing them pharmacologically once the molecular mechanisms of the observed changes are more completely understood.

Of course it has only been possible in this brief survey to highlight some of the research which is in progress today. It seems certain that with an estimated 30 million people world-wide afflicted with diabetes still more effort is required in the attempts to understand, treat and eventually eradicate the disease. I would refer those interested to the 2nd Report of the WHO Expert Committee on Diabetes Mellitus (Technical Report Series no 646), published by the World Health Organisation, Geneva (HM Stationery Office, PO Box 569, London SE1 9NH). General information on the activities of the British Diabetic Association, a major sponsor of diabetes research is obtainable from its headquarters (see below). ■

Further advice for diabetics

The British Diabetic Association is an independent registered charity that exists to advise diabetics and support diabetes research. It can supply a wide variety of literature on topics ranging from diet to employment and organises local meetings through its 200 branches. *Balance*, the association's newspaper, is sent free every two months to all members, now totalling 65,000. Membership is not restricted to diabetics but is open to anyone supporting its aims. Details from 10 Queen Anne Street, London W1M 0B1. ■

Trends in the use of insulins

There are moves to standardise all insulins to a 100 units per ml strength by the end of 1982. In this article, Dr E. B. Williams, MB, BCh, medical adviser, Wellcome Foundation's scientific services division, reviews the current insulins and their future trends.

Insulin is a polypeptide hormone secreted by the beta cells of the pancreas. It has a molecular weight of 6,000, has two polypeptide chains made up of the "A" chain which has 21 amino acids, and the "B" chain which has 30 amino acids; these are linked by 2 disulphide bridges.

Commercial insulin is made from ox and pig pancreas and much of the insulin used in Britain until recently had been derived from the bovine pancreas, whereas the porcine variety predominated in Europe. Despite the cost and greater availability of ox pancreas, the tendency now is to use more and more porcine insulin.

All standard commercial insulin preparations contain several impurities such as proinsulin, polymers of insulin and other pancreatic polypeptides. All are immunogenic and may lead to the production of insulin-binding antibodies, although there is considerable individual variation. Bovine insulin is intrinsically more immunogenic than porcine since its structure differs from human insulin by three amino acids, whereas porcine has one. Antigenicity depends not only on impurities of animal sources as mentioned, but also on the physico-chemical properties of the preparation itself. Modified insulins are also more antigenic than the unmodified preparations.

The necessity for insulin therapy is decided on clinical grounds and by the physician only. Patients presenting at any age with marked ketosis, profound weight loss, marked symptoms of rapid onset, require insulin therapy and the vast majority will present under 30 to 40 years of age.

Insulin is given first and foremost to save life, so that the patient has a chance to live a normal lifestyle, as a useful and productive member of society without radical alteration of his or her family's habits or way of life. It is important to restore weight and,

in children, to achieve a normal growth rate. One needs to alleviate symptoms and achieve the best possible control of diabetes, with blood glucose concentrations being maintained as near to normal as possible (a sort of biochemical normality).

Physiologically, insulin is released into the portal venous system in response to changes in metabolite concentrations in blood reaching the pancreatic islets, modified by neuro and endocrine control mechanisms. It is clearly important to simulate this closely by depot injections of insulin into a subcutaneous site which releases insulin into the systemic circulation.

An ideal insulin regimen should provide the highest circulating insulin concentrations after meals with low but effective levels during the night. What is essential and important to accept is that there is a definite relationship between good control of diabetes and the incidence of long-term complications. Many patients have been taking impure, and often very impure, insulins for many years (30 or more), living a normal life and developing few complications. It is clear, therefore, that antibodies to insulin or other polypeptide contaminants may not have any practical physiological or pathological importance. Antibodies cannot be the primary cause of retinopathy or nephropathy, since these complications are seen almost as frequently in maturity onset diabetics who have never been treated with insulin.

Different types

Preparations of insulin are divided into groups depending on their duration and speed of action; their physical and chemical modifications and, of course, purity. There are 25 different varieties of insulin currently marketed in the United Kingdom, and, although the

choice is wide and extensive, a small selection would fulfil the needs of most diabetics (see table p845).

For clinical purposes, insulins can be divided by their duration of action into short, medium and long acting. Short acting insulins, after subcutaneous injection, have a maximum effect after 2 to 4 hours and last some 8 hours. Soluble insulin (insulin injection BP, unmodified or regular soluble insulin) is a clear aqueous solution of beef insulin with a pH of 3—3.5. The acidity of the insulin can cause pain and local reaction at the injection site. Neutral soluble insulin (neutral insulin injection BP) is a solution of bovine insulin with a pH of 6.6—7.7; and, being conventional insulins, they contain varying amounts of protein and other peptides. All other short acting insulins are of neutral pH.

Neusulin (Wellcome) and Hypurine Neutral (Weddel) are purified bovine varieties, and Actrapid MC (Novo) and Leo Neutral (Nordisk) are purified porcine insulins. These are soluble insulins from which the impurities have almost entirely been removed, thereby reducing or abolishing the formation of insulin antibodies by the patients. Because of their rapid action, the soluble insulins are the preparations of choice for the treatment of diabetic ketosis and coma, and for surgical emergencies.

Prolonging action

Two methods of prolonging the action of subcutaneously injected insulin are alteration of the physical state and binding it with basic proteins in the presence of zinc. Medium acting insulins have a maximum effect from 4 to 12 hours and a duration of up to 24 hours. Amorphous insulin zinc suspension (semilente) is absorbed more slowly and therefore has a medium duration of action. Isophane insulin BP (NPH) is a neutral suspension of beef crystalline insulin, protamine and zinc, buffered with phosphate. In globin zinc insulin, the protein used to retard insulin release is globin and, unlike the others, it is a clear acidic solution. Highly purified equivalents of all the medium acting insulins are now available. Leo Retard (Nordisk) is a neutral preparation of pork isophane insulin and Semitard MC (Novo) is a porcine semilente insulin. Both Neuphane (Wellcome) and Hypurine Isophane (Weddel) are highly purified bovine isophane insulins.

Continued overleaf

The effect of subcutaneous insulin, whether it be short or medium acting, varies substantially from one patient to another, ie, in some, soluble insulin has a longer action than isophane. This is probably due to different rates of absorption from the injection sites and to variable binding with insulin antibodies, and the persistence of endogenous insulin may also complicate matters. Nevertheless, isophane insulin is the most useful medium acting insulin available, beginning its action about 2 hours after injection, reaching a maximum between 6 to 12 hours and continuing for 20 to 24 hours.

The long acting insulins reach a maximum effect between 6 to 12 hours and continue to have some action up to 30 hours or more. Crystalline insulin zinc suspensions (Ultralente) have a prolonged absorption time and are, therefore, long acting. The mixture of 3 parts amorphous (Semilente) with 7 parts crystalline (Ultralente) insulin zinc suspension is known as Lente insulin and is generally regarded as long acting insulin. Protamine zinc insulin BP (PZI) (BIM) is a combination of beef insulin with added protamine zinc and buffered to a pH of 6.9–7.4 with phosphate. Highly purified equivalents are marketed as mono-component (MC) insulins. These are Ultratard MC (Novo) which is bovine; Lentard MC is a neutral suspension consisting of 30 per cent amorphous Semitard MC porcine insulin and 70 per cent crystalline bovine Ultratard MC insulin. Monotard MC is the highly purified pork equivalent. Neulente is the highly purified bovine equivalent of Lente insulin. Hypurine Protamine Zinc (Weddel) is the highly purified bovine equivalent of PZI.

Others

Other insulins are available as highly purified biphasic insulin mixtures. Rapiard MC (Novo) is composed of 25 per cent Actrapid insulin (porcine) and 75 per cent crystalline insulin zinc suspension (bovine). Leo Mixtard (Nordisk) is made up of 30 per cent Leo Neutral and 70 per cent Leo Retard porcine insulin; and Leo Initard (Nordisk) is made up of 50 per cent Leo Neutral and 50 per cent Leo Retard porcine insulin.

Insulins are generally available in the UK in strengths of 40 units or 80 units per ml, but soluble insulin is also available in 20 units and 320 units per ml. Because of the potential for

confusion and need for standardisation, it is envisaged that the introduction of 100 units per ml strength insulin is not all that far away. The British Diabetic Association has already launched a campaign, their main objective being to change most diabetics to the 100 unit strength between January and July 1982. Hopefully, this standardisation will be achieved by the end of 1982.

Unfortunately, manufacturers will need to be sure that physicians in general will change patients to U100 insulin: the Department of Health has not accepted that doctors in general will do this and, therefore, no extra allocation of funds can be expected from public sources for publicity, syringes, etc.

The range of insulin preparations is such that it should be possible to achieve excellent control in most stable diabetics and good control in the majority of brittle diabetics. The rapid action of soluble insulin makes it the insulin of choice for initiating treatment in most of those with acute onset diabetes, using two or more injections daily.

Best regimen

The best insulin regimen for maintaining good long-term control is a mixture of medium acting insulin with a soluble insulin preparation taken morning and evening. When even finer control is required, as in pregnancy, three injections daily may be needed. For the patients who lack motivation or ability to mix insulin in the same syringe because of age (children), poor intelligence or blindness, fixed mixtures of short or medium acting insulin are useful (Rapiard, Mixtard). Once daily injections of Lente insulins rarely achieve adequate blood sugar control over 24 hours, but it may be appropriate in some patients, especially the elderly.

The benefits of highly purified insulin are worth mentioning. There is virtual absence of fat atrophy, less common localised red itching patches and a generalised allergy is rare. Insulin resistance, which is now uncommon, responds to lower doses of highly purified insulin. Unless patients have encountered the problems already described, or have become unstable, there is no need to change to highly purified insulin. However, all new insulin dependent diabetics (children or adults) should be given highly purified insulin from the start of treatment. Patients requiring insulin

temporarily as in pregnancy, acute illness or major surgery, should also be given purified insulin as a matter of routine. When treatment is changed from conventional to purified insulin or from beef to pig preparations, a decrease in insulin dose is often needed, but this is variable and greatest if the patient is receiving high doses.

Certain insulin combinations should not be mixed in the same syringe. There is no point in mixing highly purified insulin with conventional insulin, as the benefit of the highly purified insulin is lost. Under no circumstances would a combination of insulin zinc suspension and isophane insulin be desirable. Mixing PZI and soluble is also not recommended because the excess protamine combines with varying quantities of soluble, giving an unpredictable effect.

It is time to reduce the number of insulins: the range is so wide that few physicians can gain expert knowledge of all these varieties. As with all prescribing, it is wise to use only a few. It then becomes easier with experience to recognise when particular combinations are appropriate. We should be concentrating on one strength, 100 units per ml only, and presenting them highly purified.

Combinations or alone, soluble, isophane and lente type insulins are still the most effective and generally fill the diabetic's armamentarium sufficiently. It is doubtful whether synthetic human insulin, with its advantages of recipient compatibility, fewer allergic reactions, possible increased efficiency of glucose control, commercial viability and promise of plentiful supplies, will ever replace all these animal insulins.

It looks, therefore, as if we are likely to administer insulin to the peripheral circulation for a long time yet. The development of different delivery systems for insulin seems to be the trend, and several ways are being developed or evaluated. Simple pre-programmed infusions using mini-pumps may be worthwhile. Complete pancreatic artefacts (artificial pancreas) with insulin infusion controlled in response to continuous blood sugar measurements with a possible "biological trigger", is exciting. Orally active insulin encapsulated in liposomes (spherules formed when phospholipids are allowed to swell in aqueous media) would have the advantage that the insulins would be administered by a more physiologically acceptable route; but, as yet, this is not a viable proposition. ■

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Types of insulin—a summary

Preparation	Onset and duration of action (approximate)	Strength (units per ml) purity	Manufacturer	Animal origin	Preservative	Physical state and pH
Insulin injection BP (soluble insulin) <i>Soluble</i>	Short 2-8 hours	20/40/80/320 standard	BIM*, Weddel	Beef	Phenol	Solution, acid pH 3.0-3.5
Neutral insulin injection BP <i>Nuso</i>	Short 2-8 hours	40/80 standard	BIM	Beef	Methylhydroxybenzoate	Solution, neutral pH 6.6-7.7
<i>Actrapid MC</i>	Short 2-8 hours	40/80 purified	Novo	Pork	Methylhydroxybenzoate	Solution, neutral pH 6.6-7.7
<i>Leo-neutral</i>	Short 2-8 hours	40/80 purified	Nordisk	Pork	M-cresol	Solution, neutral pH 7.3
<i>Neusulin</i>	Short 2-8 hours	40/80 purified	Wellcome	Beef	Methylhydroxybenzoate	Solution, neutral pH 6.6-7.7
<i>Hypurin neutral</i>	Short 2-8 hours	40/80 purified	Weddel	Beef	M-cresol/phenol	Solution, neutral pH 6.6-7.7
Insulin zinc suspension (amorphous) BP						
<i>Semilente</i>	Short-medium 2-16 hours	40/80 standard	BIM	Beef	Methylhydroxybenzoate	Amorphous suspension pH 7.0-7.5
<i>Semitard MC</i>	Short-medium 2-16 hours	40/80 purified	Novo	Pork	Methylhydroxybenzoate	Amorphous suspension pH 7.0-7.5
Isophane insulin injection BP (isophane protamine insulin)						
<i>Isophane (NPH)</i>	Medium 2-24 hours	40/80 standard	BIM	Beef	M-cresol/phenol	Crystalline suspension pH 7.1-7.4
<i>Leo Retard</i>	Medium 2-24 hours	40/80 purified	Nordisk	Pork	M-cresol/phenol	Crystalline suspension pH 7.3
<i>Neuphane</i>	Medium 2-24 hours	40/80 purified	Wellcome	Beef	M-cresol/phenol	Crystalline suspension pH 6.9-7.5
<i>Hypurin Isophane</i>	Medium 2-22 hours	40/80 purified	Weddel	Beef	M-cresol/phenol	Crystalline suspension pH 6.9-7.5
Globin zinc insulin injection BP <i>Globin</i>	Medium 2-24 hours	40/80 standard	BIM	Beef	Phenol	Acidic solution pH 3.0-3.5
Insulin zinc suspension BP (insulin zinc suspension (mixed))						
<i>Lente</i>	Medium-long 2-30 hours	40/80 standard	BIM	Beef	Methylhydroxybenzoate	Suspension of 30% amorphous + 70% crystalline pH 7.0-7.5
<i>Lentard MC</i>	Medium 2-26 hours	40/80 purified	Novo	Mixed beef and pork	Methylhydroxybenzoate	Suspension of 30% amorphous + 70% crystalline pH 7.0-7.5
<i>Monotard MC</i>	Medium 2-22 hours	40/80 purified	Novo	Pork	Methylhydroxybenzoate	Suspension of 30% amorphous + 70% crystalline pH 7.0-7.5
<i>Neulente</i>	Medium-long 2-30 hours	40/80 purified	Wellcome	Beef	Methylhydroxybenzoate	Suspension of 30% amorphous + 70% crystalline pH 6.9
<i>Hypurin Lente</i>	Medium-long 2-30 hours	40/80 purified	Weddel	Beef	Methylhydroxybenzoate	Suspension of 30% amorphous + 70% crystalline pH 7.0-7.5
Insulin zinc suspension BP (crystalline)						
<i>Ultralente</i>	Long 4-32 hours	40/80 standard	BIM	Beef	Methylhydroxybenzoate	Crystalline suspension pH 7.0-7.5
<i>Ultratard MC</i>	Long 4-32 hours	40/80 purified	Novo	Beef	Methylhydroxybenzoate	Crystalline suspension pH 7.0-7.5
Protamine zinc insulin injection BP						
<i>Protamine zinc insulin PZI</i>	Long 4-32 hours	40/80 standard	BIM/Weddel	Beef	Phenol	Amorphous suspension pH 6.9-7.4
<i>Hypurin protamine zinc</i>	Long 4-34 hours	40/80 purified	Weddel	Beef	Phenol	Suspension pH 6.9-7.5
Biphasic insulin BP						
<i>Rapitard MC</i>	Medium 2-22 hours	40/80 purified	Novo	Mixed beef and pork	Methylhydroxybenzoate	Suspension of 25% Actrapid + 75% crystalline pH 6.6-7.2
<i>Leo Mixtard</i>	Medium 2-24 hours	40/80 purified	Nordisk	Pork	M-cresol/phenol	30% Leo-neutral + 70% Leo retard pH 7.3
<i>Leo Initard</i>	Medium 2-24 hours	40/80 purified	Nordisk	Pork	M-cresol/phenol	50% Leo-neutral + 50% Leo Retard pH 7.3

*BIM are British Insulin Manufacturers—Boots, Burroughs Wellcome and Duncan Flockhart.

A change to blood glucose monitoring

Many of the 200,000 or more insulin-dependent diabetics are likely to change from urine to blood glucose monitoring over the next few years, according to Ames who have recently launched a blood glucose meter for home use.

The Ames Glucometer is battery powered and the size of a pocket calculator. It is expected to offer advantages to diabetics for whom urine testing is an inadequate guide on which to base treatment; these patients include the 75,000 "brittle" diabetics who have frequent swings into hypo- or hyperglycaemia, those with diabetic kidney disease whose kidneys "leak" glucose even at normal blood levels, and those with normal kidneys but lower than normal renal glucose threshold.

The Glucometer is said to give much more accurate blood glucose readings than Dextrostix or comparison with the naked eye against charts, particularly as one diabetic in 10 has poor colour vision. The meter measures electronically the colour change produced when a Dextrostix strip reacts for 60 seconds with a drop of whole blood. A buzzer which sounds on switching on, then again after 60 seconds, helps the user to standardise the test without the need for a clock accurate to the second.

The blood glucose level appears on liquid crystal display. The range of blood sugar covered is 0 to 22.2mmol/litre and the batteries last for 1,000 readings. Two calibration chips, included in the package, should be used once a week as a check for accuracy.

The Glucometer (£70) comes in a carrying case with a wrist strap; it includes a wash bottle, instruction leaflet and record card. Although not prescribable on the NHS, VAT will be waived if the patient obtains a doctor's letter.

Test strip

Boehringer Corporation (London) Ltd have introduced the BM Test Glycemic 20-800, a test strip for the specific, semi-quantitative estimation of glucose in blood. A drop of blood is left on the test area for one minute, wiped off, then after a further minute the colour of the test area

is compared with a scale on the pack. Two separate areas use different reagent concentrations for optimal sensitivity. Test values range from 1.1 to 44.4mmol/l.

The test (£6.78) is available from wholesalers Vestric, Unichem and Mawson & Proctor and also Hypoguard Ltd, Dock Lane, Melton, Woodbridge, Suffolk.

Blood-letting aid

Another recently-introduced aid to blood glucose monitoring is Autolet, a small device for pricking the finger painlessly to obtain the blood sample. Owen Mumford Ltd, the manufacturers, have supplied the product directly for some time but demand has grown to such an extent that they have decided to market it through pharmacies.

The device uses a disposable blood lancet. It is being promoted by advertising in *Balance*, through branch meetings of the British Diabetic Association and by recommendation from medical staff in the diabetic clinic.

■ The following warning from Peter Watkins, secretary, BDA medical advisory committee, appeared in the October issue of *Balance*: "While self measurement of blood glucose is suitable for many diabetics, it is certainly not ideal for all, and some

Activity in foods for diabetics

Bayer's promotional strategy for Sionon involves taking every opportunity to speak directly to diabetics, not only through *Balance* but also by keeping in close touch with British Diabetic Association branches. Sampling is carried out through these branches who are supplied with lists of stockists in their area. A slide-tape presentation on diabetic foods is being prepared for next year.

Bayer claim to be the first manufacturer to offer independent chemists a comprehensive range of diabetic products from one source. The "diabetic food centre" display unit has been welcome by pharmacists as a "positive contribution to the market,"

patients will rightly prefer to continue to use urine testing as a measure of control. It is most important that those who elect to measure blood glucose should be properly trained both in technique and interpretation of the results. Under no circumstances should they buy a kit and go it alone." The BDA is continuing to press the Department of Health to make blood glucose strips available on the NHS. ■

Syringe advertising in mass media

Becton Dickinson say that sales of Plastipak SFP, the single-use insulin syringe and needle combination launched earlier this year, have suggested that this is potentially a "very big" market for pharmacies.

The company is continuing with regular advertising in *Balance* and hopes next year to extend into the mass media to reach relatives and friends of diabetics who are interested in improved methods of treatment. A special Christmas campaign will appear in *Balance* because, according to Mr Arthur Jackson, consumer products division manager, it is "not too outrageous" for aunts and uncles to consider giving the Plastipak as an alternative to diabetic sweets. Sampling will also continue, particularly to newly-diagnosed diabetics.

The Plastipak now features a 27 gauge microfine needle instead of the previous 26 gauge. The needle is also lubricated to minimise discomfort both on injection and withdrawal. ■

according to product manager Dennis Clarke. "The idea encouraged many who had given up the idea of stocking diabetic foods to think again."

The company recently added Sionon luxury chocolates and Sionon crispy bar to the range.

Wander are introducing a new coffee flavour to their range of diabetic wafers which are now available in multipacks of three, designed to appeal as Christmas gifts. The company is offering a bonus on its diabetic chocolate bars of over 40 per cent profit on cost.

Appleford Ltd are introducing diabetic lemon and orange squashes (25oz, £0.54) that will be on special offer through Unichem during December. Advertising in *Balance* is planned.

Another range of squashes—for diabetics and slimmers—was recently

DIABETES

introduced by Renown Products Ltd (*C&D*, November 8, p752). A bonus of £0.40 off each case is available in London and the Home Counties, where direct deliveries can be made.

Beecham have provided information on the carbohydrate values of their drinks that are suitable for diabetics (see table right).

In addition, Lucozade has an energy value of 74kcal per 100ml and carbohydrate content of 19.7g per 100ml. Its sole source of carbohydrate is glucose syrup (liquid glucose BPC 1963), a mixture of saccharides based on glucose prepared by the partial hydrolysis of maize starch. It contains about 77 per cent carbohydrate, a large proportion of which consists of maltose and higher oligosaccharides.

The equal effectiveness of glucose and glucose syrup in promoting a rise in blood sugar has been confirmed by research and Lucozade can thus be of value in the relief of hypoglycemia.

Lucozade can also be useful to the diabetic in the case of illness when poor appetite may prevent normal food intake. Lucozade (2 carbohydrate

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	KCal per fl oz not more than:	Total carbohydrate (g/fl oz) not more than:	Fructose (g/fl oz) not less than:
<i>Chekwaite (undiluted)</i>			
Orange drink	7.5	1.6	1.3
Lemon drink	7.5	1.6	1.4
Grapefruit drink	2.5	0.6	0.2
Lime juice cordial	2.5	0.1	0.03

	KCal per fl oz not more than:	Total carbohydrate (g/fl oz)	Fructose (g/fl oz)
<i>Hunts low calorie mixers</i>			
American ginger ale (low calorie)	0.5	Nil	Nil
Bitter lemon drink (low calorie)	1.5	1.0	0.9
Indian tonic water (low calorie)	1.5	0.8	0.8
<i>Bittersweet carbonated, canned drinks</i>			
Sparkling bitter lemon	1.5	1.0	0.88
Sparkling lemon & lime	1.5	1.0	0.89
Sparkling orange	1.5	1.22	0.75
*PLJ original sharp (undiluted)	7	2.3	1.4
PLJ slightly sweetened (undiluted)	7	2.3	1.4

*The value for fructose is an average figure which will vary slightly because all the carbohydrate is derived from lemon juice. The slightly sweetened drink has added saccharin and does not contain any more carbohydrate than the original sharp drink. PLJ should be diluted for use as a drink.

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LETTERS

Sangers' terms

I must reply on behalf of my company to Xrayser's article (November 15) entitled "Freedom".

The Beecham trade price quoted by Xrayser for Checkwate, based incidentally on your Price List, is incorrect. Beecham's last revised their price for Checkwate on September 15 to £4.54. The products from Beecham Foods which increase in price from November 17 are Lucozade, Ribena and Horlicks, which are also available from us at "introductory prices".

As Xrayser appears to be a customer of ours—"I thought the Lillets offers from Sangers worthy of heavy buying"—I would like to take this opportunity of reminding him of our discount order trading terms (DOT), which we have operated for many years. This scheme automatically gives our customers an 8 per cent discount off Sangers' normal trade price for most OTC items purchased in complete packs. Hence, our ongoing price for a single case of Checkwate (the minimum direct order is 15 cases) is £4.33—that is, £4.71, less 8 per cent. Because of breakages, all soft drinks are supplied in complete outers. It is therefore impossible for a customer not to obtain the 8 per cent discount.

The most important issue raised by Xrayser is the suggestion that Sangers are not price competitive! At £4.33



per case, our customers pay 21p less per case than Beecham's current trade price. At only £4.29 per case, Sangers introductory price, which in our opinion is the most competitive price currently available from any wholesaler, gives even greater savings. Also, of course, all OTC purchases from Sangers increase the level of discount earned on "ethicals".

J. W. Ramsay

Commercial director

Sangers Pharmaceuticals Ltd

PS: We are extending "introductory prices" on our Beecham Foods range from December 15 to December 30.

JR strikes again

Having taken the "J.R." range of toiletries for men into stock and decided it would be a winner, we mounted a display in the front shop cosmetic window, crowning the display with a genuine American "J.R." stetson borrowed from a member of staff.

Further copies are available at £0.10 each for sale at £0.15. Davis Gelatine have several joint promotions with the BDA planned at county and agricultural shows during 1981. Advertising is also in *Balance*.

Smith Kendon Ltd regularly advertise their Skels range in *Balance*, as do Welfare Foods (Stockport) Ltd who make Rite-diet cakes for diabetics.

E. R. Jackson and Co Ltd, recently added cherry menthol and lemon menthol to their range of diabetic pastilles.

Wrigley's Orbit chewing gum established its position as the top-selling sugar-free gum within 18 months of its launch four years ago, according to the company. Sweetening agents are sorbitol and mannitol, and there are 7.7 calories per stick.

Diabetic Andrews is supported by the general Andrews Liver Salt brand advertising and promotions, including a recent television campaign. A national poster campaign is planned. ■

Some time later I was roused by the police in the early hours of the morning to be told that the shop had been the victim of a smash and grab raid. Arriving at the shop I discovered the cosmetic window (plate glass) shattered. The display was strewn around and someone had stolen the stetson! Who said "J.R." is dead?

W. J. Robinson

Bolton

NHS payment delay

As a member of an LPC I have only recently become aware of the discrepancies in the administration of the Family Practitioner Committees.

While over half the areas pay contractor pharmacists by credit transfer, which means that the money is credited to the accounts on the first of the month, we in Dorset are still paid by cheque, posted to us. With delays in post, even assuming it is banked the day it is received, seven or eight days can pass before the payment is credited. Since we now have to pay our major wholesalers by the last working day of the month (in one case the fifteenth day) this procedure can force us into overdraft by anything up to £15,000 for several days at 20 per cent interest, solely because individual administrators choose to write several hundred cheques monthly in preference to using the administratively simple and efficient credit transfer schedules.

We have requested a change, but instead, contractors were sent a letter by the administrator offering to post our cheques direct to the bank. Since this must cost the FPC areas more money and will only save us the trouble taking the cheques to the banks ourselves it is only a sop.

I feel this is a matter which the PSNC should pursue with some pressure, because if some areas can pay by credit transfer, I see no reason why others refuse, particularly when it can be shown that this refusal can incur wholly unnecessary bank charges for contractors.

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Concluded from p847

exchange units per 100ml) can be taken to balance the normal insulin dosage.

A new national television commercial for Sweetex, featuring the one-by-one dispenser, is scheduled to start in the New Year. Although Sweetex tablets and liquid are primarily promoted as a slimming aid, with year-round advertising in slimming magazines, Sweetex powder is largely used by diabetics. Sweetex recommend taking no more than 2oz or 18 level teaspoonfuls of the powder each day to prevent the sorbitol having a laxative effect.

Davis Gelatine have published a booklet of diabetic recipes with the approval of the BDA. Pharmacists may obtain a free copy from the manufacturers at Upper Grove Street, Leamington Spa, Warwicks CV32 5AN.

Finally, on another matter. Last week I received a pack of about 1,000 dispensing bags overprinted as a freepost advertisement for some medical insurance scheme. In view of the Press reaction to a previous supply, I am disappointed that there has not been a statement from the Society about these attempts to use pharmacy as a cheap advertising medium.

Kenneth Sims

Parkstone, Dorset

See NPA reaction on dispensing bags, p821—Editor.

A new contract

Your leading article (October 25) on my reported suggestion to change the basis of the NHS dispensing contract, and Xrayser's "nonplussedness" the following week, completely missed the point of the proposal to change the basis of the contract from one based on what are now theoretical "basic NHS prices" to one based on "maintained prices," that is, manufacturers ex-factory prices to accredited full-range wholesalers. I was certainly *not* advocating different prices to different classes of customer by each wholesaler.

The present contract discounts the "on-cost" from nil to 2.5 per cent, depending upon the number of prescriptions dispensed—a discount "spread" which is no longer relevant in today's highly competitive market.

The provision of full pharmaceutical wholesale services has, in the past, been subsidised to a large extent by sales of high volume "ethicals". Following the reduction in wholesale margins by a significant number of major "ethicals" manufacturers some, though by no means all, wholesalers adopted notional pricing to enable them to maintain services. Smaller suburban and rural contractors have been particularly affected by NP because of the cost of wholesale distribution.

By transferring the onus of reimbursing the cost of obtaining supplies to the NHS much of the unfairness and confusion caused by the present contract would be eliminated.

G. Brooks,

Managing director,

Sants Pharmaceutical Distributors Ltd

'Keep it' with cereal

I am sure your readers would be interested to know that in the November *Which* survey of 110 cameras the only Kodak camera to have unqualified approval was the Styleite, which is available only through special offers such as breakfast cereals.

S. T. Swaddle

Whitley Bay (Tyne and Wear)

NEWS EXTRA

Toxic-shock report

The first British case of toxic-shock syndrome associated with tampon use has been reported.

A case of a 16-year-old girl admitted to hospital with high fever, vomiting, drowsiness, a rash and diarrhoea with incontinence is outlined in this week's *British Medical Journal*. The patient was menstruating on admission and had a vaginal discharge. A tampon (Tampax regular) was recovered from her vagina and inquiries suggested that it had been there for three days.

Staphylococcus aureus was isolated from a high vaginal swab and from the tampon. The patient was resuscitated with intravenous fluids and given antibiotics. She made a full recovery and was discharged after 18 days in hospital.

The author notes that the patient had all the features of toxic shock syndrome. The risk of the syndrome may be reduced by using tampons intermittently rather than continuously during a menstrual period, he notes, and says it is recommended that women who have an episode of the syndrome should not use tampons for several menstrual cycles.

A spokesman for Tampax pointed out that the package leaflet warns against forgetting the tampon is in place and reminds the wearer to change the tampon twice daily and to always remember to remove the last one. ■



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Good sales fail to stop profit squeeze on Boots

Despite an increase in Boots group sales of 14.5 per cent to 624.5m for the six months to September 30, pre-tax profits have eased to 47.5m—down 5.9 per cent on the same period last year.

Retail sales in the UK, excluding VAT, increased by 16 per cent of which 2½ per cent was real volume growth and Boots say that in the prevailing economic conditions “sales are encouraging”. Industrial sales of pharmaceutical, consumer and agrochemical products have increased by 8 per cent but profits in this sector fell by the same amount—the recession and increases in manufacturing costs, especially energy, are blamed. Special difficulties in UK and US agrochemical markets have been reported.

An interim dividend of 2.875p has been announced. This is the same as last year and the board expect the full year results to be “satisfactory in the circumstances”. ■

Factor pay £5½m

Max Factor are paying nearly £5½ million for Smith & Nephew's cosmetic interests (C&D, last week, p816).

This maximum consideration includes stocks and certain fixed assets, and although the sale will involve an extraordinary loss of £3m,

S&N say that their cash position will be improved by some £7m.

S&N will continue to manufacture the cosmetics for a limited period until manufacture can be transferred. All existing terms of trade and distribution policies of S&N will remain in effect and retailers will continue to see their present sales representative. The procedures for the settlement of accounts currently in force will remain in effect until notification.

Sally Hansen nail care products are not included in the sale. ■

Test case on credit discrimination

In a test case backed by the Equal Opportunities Commission, a furniture store has been found in breach of the Sex Discrimination Act 1975 for refusing to give a woman credit facilities unless her husband acted as guarantor.

Ruling in the Court of Appeal, this week, Lord Denning said that Williams Furniture Ltd—Leicester branch—had acted unlawfully by refusing or deliberately omitting on the grounds of Mrs June Quinn's sex to provide credit facilities on the same terms as were normal for the store with male members of the public. ■

APBI set up new research centre

A centre for medicines research is being set up by the Association of the British Pharmaceutical Industry. The Association say that the main objectives of the new unit will be to test the validity of laboratory toxicology studies in their extrapolation to man; review the population health statistics in relation to the use of medicines; and assess the effect of Medicines Regulations on the development and use of medicines.

Dr Stuart R. Walker, currently a senior clinical research adviser in the medical division of Glaxo, has been appointed director of the centre and will take up his new post in January.

The centre will initially be based in the new APBI offices in Whitehall (see Business News p851) but it is expected that within a few months the unit will be sited in a building to be constructed at the British Industrial Biological Research Association at Carshalton, Surrey. ■

Berkolol decision

A High Court action brought by ICI against Berk Pharmaceuticals Ltd over propranolol was disposed of on undisclosed terms before Mr Justice Fox last week.

In the action, ICI had claimed that Berk had “passed off” their Berkolol tablet as that of ICI by presenting it in similar size, shape and colour.

Last July, the Vice-chancellor, Sir Robert Megarry, ruled that Berk could not rely on a “European defence” in their answer to ICI's action. Berk had sought to invoke article 86 of the treaty of Rome, claiming that ICI were abusing their position as dominant patentees. Mr G. W. Thomas, Berk's managing director, comments that the company have agreed to change the colour of Berkolol tablets by the second quarter of next year. ■



Mr Alan Stern, a customer of Sangers Pharmaceuticals for over 23 years, won the star prize of a red Mini when the wholesaler group opened its largest branch at Wood Green, North London, last week (see also C&D November 8, p770). Over 400 chemists and their partners attended the opening, with its associated trade show. Pictured with Mr Stern are personalities Trevor Francis (Wilkinson Sword stand) and Ed “Stewpot” Stewart (Fabergé) together with Sangers' commercial director John Ramsay and managing director David Smith, second and third from left respectively

Retail food workers get 'minimum' rise

Britain's half-a-million retail food workers are due to get an increase worth between 12 and 28 per cent in their legal minimum wages, following a settlement between the Union of Shop, Distributive and Allied Workers and shopkeeper representatives on the Retail Food Wages Council.

The package, once it is confirmed next month by the Council, will bring up statutory minimum rates for adult shop assistants in food shops to £56 on December 3 and to £59 on April 6 1981. This involves increases in basic pay for a 40-hour week (including a Saturday) by £2.60 in December and a further £3.15 in the Spring. Adult rates will in future be paid at age 19 instead of 20.

An extra three days' holiday is gained by staff with 12 months' service, making four weeks' annual holiday from April 6 1981. Junior rates will now be based on 85 per cent of the adult rate for 18 year-olds, 75 per cent for 17 year-olds and 65 per cent for 16 year-olds. ■

APBI and OHE move premises

The Association of the British Pharmaceutical Industry and the Office of Health Economics are moving from their current premises in Regent Street to larger accommodation in Whitehall.

ABPI say that the lease on their current premises is due to expire and the move will give them greater flexibility in office accommodation. From December 1 their address will be: 12 Whitehall, London SW1A 2DY. Telephone 01-839 3961 (APBI); 01-839 9203 (OHE). ■

Industry in 'Houdini' act says Minister

Britain's industry needs to be something of a "Houdini" to help us through some of the pressures at the moment said Lord Trenchard, Minister for Industry, speaking at the annual dinner of the Chemical Industries Association in London, last week.

The recession, high interest rates, energy prices and exchange rates "are the cords binding this industrial 'Houdini'—who only has a quarter to a third of the profitability of his main competitors", he said. But he praised the record of the chemical industry

MARKET NEWS

US botanicals down

London, November 18: A number of botanicals, particularly those of US origin were reduced in price during the week.

However a number of items were dearer which was understandable as sterling lost quite heavily against the dollar for a time before making a partial recovery. Aloes, Canada balsam, benzoin, cascara and cherry bark were all down. Sarsaparilla and turmeric were dearer.

Chinese menthol was firmer again with contracts being made as far ahead as 1982, delivery is around £4.40/kg, cif.

In the essential oil sector, the mixed price trend was also apparent. Indonesian oils were weak as sellers looked for customers. As with menthol, *arvensis* peppermint maintained its firm trend.

Pharmaceutical chemicals

Atropine: (per kg in 1/2 kg lots) Alkaloid £200.50; methonitrate £179; sulphate £169.90.
Cinchocaine: Base (500-g lots) £92.70 kg; hydrochloride £89.10.
Epheдрine: (Per kg), hydrochloride/sulphate £20.60 in 50-kg.
Glucose: (Per metric ton in 10-ton lots)—mono-hydrate £295; anhydrous £550; liquid 43° Baumé £309 (5-drum lots); naked 18-tons £247.
Glycerin: In 250-kg returnable drums £785 metric ton in 5-ton lots; £790 in 2-ton lots.
Iodides: (Per kg) Ammonium £13.15 (50-kg lots); potassium £6.90 (250 kg); sodium £9.85 (50 kg).
Iodine: Resublimed £9.70 kg in 250-kg lots; crude £7.50 in 500-kg lots.
Paraffin liquid: BP £0.642 litre in 210-litre drums; light BPC 1963 £0.569; Technical white oil WA23 £0.557; WA21 £0.586.
Reserpine: 100 gram lots £0.22g.
Sodium thiosulphate: photo grade £240.50 per metric ton; £224.50 ton in 4-ton lots.

Crude drugs

Aloes: Cape £1,230 metric ton spot; £1,210, cif. Curacao unquoted.
Balsams (kg) Canada: Easier at £11.80 on the spot; shipment, £11.65, cif. **Copaiba:** unquoted.

and despite "British circumstances" thought that "its innovation and its unit labour costs have until recently been internationally competitive and highly successful. . . . It is to me highly unthinkable that it should not become so again when we have passed through the tunnel which two decades of dreamland and a curious combination of circumstances condemn us to pass". ■

Briefly

■ **Fulford Williams (International) Ltd** ceased to trade with effect from October 31 and three products have been deleted: Handjoy, Prodan and Tiffany. The remainder of the company's range has been taken over by Mentholatum Co Ltd.

Spot and cif. **Peru** £9.80 spot; £9.50, cif. **Tolu** £6.15 spot.
Benzoin: £201 cwt, cif.
Cascara: £1,200 metric ton spot; £1,175 cif.
Cherry bark: Spot £1,170 metric ton; shipment £1,130, cif.
Ginger: Cochín £435 metric ton spot shipment; £410, cif. Other sources not quoted.
Menthol: (kg) Brazilian £4.80 spot; £475, cif. Chinese £4.60 spot; £4.35, cif.
Podophyllum: Root nominal.
Sarsaparilla: Jamaican £2,655 metric ton spot £2,620, cif.
Turmeric: Madras finger £410 metric ton spot; £360 cif.

Essential oils

Citronella: Ceylon £3.45 kg spot; £3.27, cif. Chinese £3.15 spot; £3.05, cif.
Eucalyptus: Chinese £1.80 kg spot; £1.75, cif.
Patchouli: Indonesian £13.50 spot; £11.50, cif.
Peppermint: (kg) *Arvensis*—Brazilian £4.40 spot; £4.40 cif. Chinese £2.90 spot; £2.75, cif.
Petitgrain: Paraguay £8.25 kg spot; £7.35 cif.
Sandalwood: Spot Mysore £47.50 kg December delivery. East Indian £50 nominal.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Wednesday, November 26

Harrow and Hillingdon Branch, Pharmaceutical Society, Northwick Park Hospital clinical lecture theatre, Watford Road, Harrow, at 8 pm. Meeting especially for pre-registration students and pharmacists responsible for them. Mr Raymond Dickinson, deputy secretary, PSGB, will outline the changes in the pre-registration year which take effect in June 1981.

Hull Pharmacists' Association, Hull Royal Infirmary postgraduate centre, at 8 pm. Dr J. Pearce, consultant neurologist, Humberside Area Health Authority, on "Migraine".

Thursday, November 27

Crawley, Horsham & Reigate, Pharmaceutical Society, Crawley Hospital, at 8 pm. Miss Alison Raine, Hollister Products, on "Stomacare".

West Dorset Branch, National Pharmaceutical Association, Judge Jefferies Restaurant, High West Street, Dorchester, at 7.45 pm. Annual meeting followed by buffet sponsored by J. M. Loveridge.

Friday, November 28

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Park Lane, Croydon, at 8 pm. Mr T. D. Turner, Welsh School of Pharmacy, on "Grass, coke and acid".

■ **Johnson Brothers (Belfast) Ltd** have moved to 137 Hillsborough Old Road, Lisburn, Co Antrim BT27 5QR. Telephone: Lisburn (084 62) 79121. Telex: 747631.

APPOINTMENTS

■ **Vestric Ltd:** Mr A. G. Kay, MPS, is appointed prescription products manager following the retirement of Mr A. K. Brien. Mr Adam McMullan has been appointed to the new post of Vantage field sales manager. He was previously Vestric's senior representative in the south-west of England and joined Vestric as a representative in 1971.

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Contact John Magee on extension 198 for further information.

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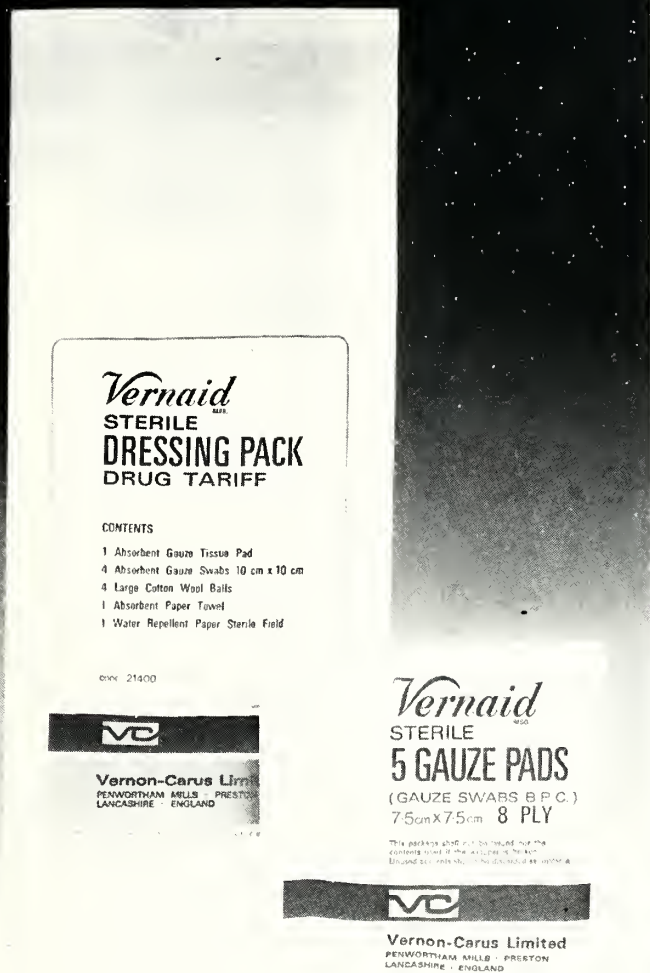
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Announcement by the Publishers of *Which?*

Contactasoak was erroneously included – in the text on page 600 of the November issue of *Which?* – in a list of soaking solutions for soft contact lenses. As the **Contactasoak** packaging warns (and as, indeed, the *Which?* table on page 601 makes clear) **it is intended for hard contact lenses, and should not be used with soft contact lenses.**

Please check that purchasers of **Contactasoak** are buying it for use with hard lenses only. A prominent warning and correction will appear in the December issue of *Which?*

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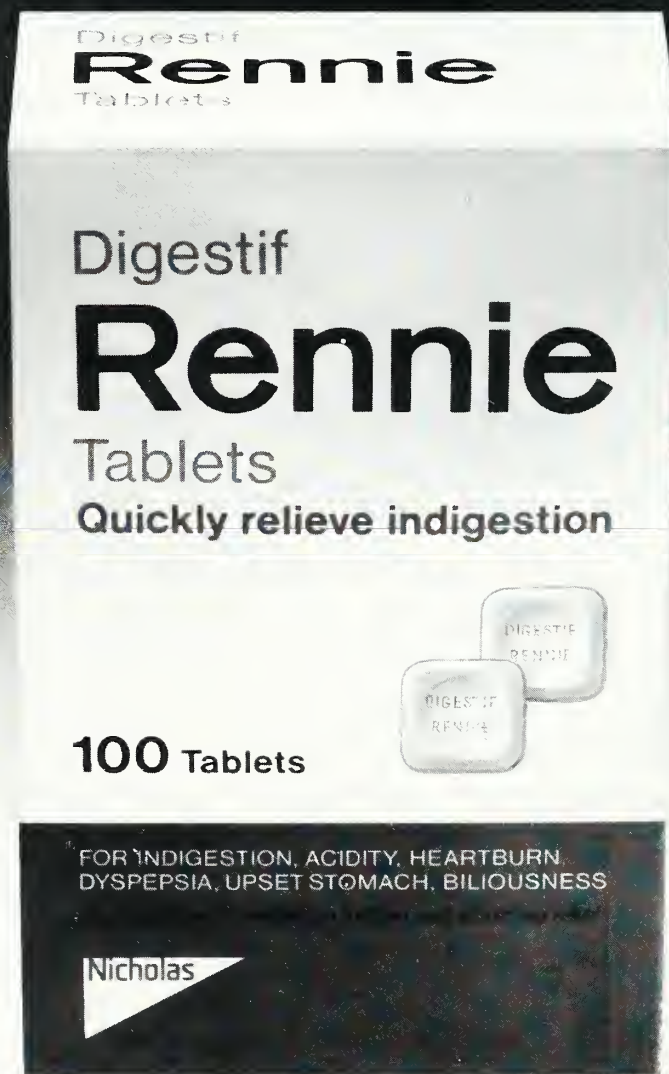
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